

Submission Studio

Form Name:	FNS-777 (6-11)		
Form Description:	Financial Status Report		
Program:	Child Nutrition Programs		
State:			
Agency Code:		Agency Name:	
Program Time:	December 2018	Revision:	0
Submission Type:	Quarterly		
Submission Status:	New Submission		

Page 3 (Item 11)		11. Indirect Expense			
	a. Type	b. Rate	c. Period From	Period To	
	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	
	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	
				g. Totals:	

11. Indirect Expense			
Period To	d. Base	e. Amount Charged	f. Federal Share
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
		g. Totals:	

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Remarks

Remarks

12. Remarks: Attach any explanation deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.