

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
Submission Type: Quarterly **Revision:** 0
Submission Status: New Submission

Analyze Save Edit Check Post Quit

Page 1 (Columns 1-10) Page 2 (Columns 11-20) **Page 3 (Item 11)** Remarks

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

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

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Remarks

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