

FEDERAL FINANCIAL REPORT

SNAP-OP
(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted FOOD AND NUTRITION SERVICE, USDA		2. Federal Grant or Other Identifying Number Assigned by Federal Agency			Page 1	of 1 pages	
3. Recipient Organization (Name and complete address including Zip code)							
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number		6. Report Type ___ Quarterly ___ Final	7. Basis of Accounting ___ Cash ___ Accrual		
8. Project/Grant Period				9. Reporting Period End Date			
10. Transactions <i>(Use lines a-c for single or multiple grant reporting)</i>					Cumulative		
Federal Cash:							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized							
e. Federal share of expenditures							
f. Federal share of unliquidated obligations							
g. Total Federal share (sum of lines e and f)							
h. Unobligated balance of Federal funds (line d minus g)							
Recipient Share:							
i. Total recipient share required							
j. Recipient share of expenditures							
k. Remaining recipient share to be provided (line i minus j)							
Program Income:							
l. Total Federal program income earned							
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative							
o. Unexpended program income (line l minus line m or line n)							
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
				g. Totals:			
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: <i>See corresponding FNS-778/778A for detailed information. [Insert text copied from FNS-778/778A remarks section]</i>							
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official				c. Telephone (Area code, number and extension)			
				d. Email address			
b. Signature of Authorized Certifying Official				e. Date Report Submitted (Month, Day, Year)			
STAMP/CERTIFY DATE	LAST UPDATED BY		LAST UPDATED ON		14. Agency use only:		

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FPRS Electronic Version

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget Paperwork Reduction Project (0348-0060), Washington, DC 20503.

FINANCIAL STATUS REPORT

1. FEDERAL AGENCY & ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED FOOD AND NUTRITION SERVICE, USDA		FEDERAL GRANT OR OTHER NUMBER Letter of Credit No. 12-35-	2a. FISCAL YEAR
3. STATE AGENCY (Name and complete address, including ZIP code. Also enter assigned State code.)	4. AGENCY DUNS NUMBER	5. STATE AGENCY ACCOUNT OR ID NO.	6. FINAL REPORT ___ YES ___ NO
8. PROJECT/GRANT PERIOD		7. BASIS ___ CASH ___ ACCRUAL	
		9. PERIOD COVERED BY THIS REPORT	

10. STATUS OF FUNDS

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

SNAP FUNCTIONS/ACTIVITIES	1 CERTIFICATION	2 EBT ISSUANCE	3 QUAL. CNTL.	4 MGT.EVAL.	5 FRAUD CNTL.	6 ADP. DEV.	7 ADP OPER	8 FAIR HEARINGS	9 OTHER ACTIVITIES - SUB. TOT. 20+30	10 GRAND TOTAL
a. Net outlays previously reported										
b. Total outlays this report period										
c. Less: Program Income credits										
d. Net outlays this report period <i>(Line b minus line c)</i>										
e. Net outlays to date <i>(Line a plus line d)</i>										
f. Less: Non-Federal share of outlays										
g. Total Federal share of outlays <i>(Line e minus line f)</i>										
h. Total unliquidated obligations										
i. Less: Non-Federal share of unliquidated obligations shown on line h										
j. Federal share of unliquidated obligations										
k. Total Federal share of outlays and unliquidated obligations										
l. Total cumulative amount of Federal funds authorized										
m. Unobligated balance of Federal funds										

11. INDIRECT EXPENSE	a. TYPE OF RATE ___ PROVISIONAL ___ PREDETERMINED ___ FINAL ___ FIXED				13. CERTIFICATION I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REPORT SUBMITTED
	b. RATE	c. BASE	d. TOTAL AMOUNT	e. FEDERAL SHARE			
12. REMARKS: Attach any explanation deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					NAME	TITLE	TELEPHONE NO.
STAMP/CERTIFY DATE	LAST UPDATED BY	LAST UPDATED ON	AREA CODE	NUMBER			

No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing regulation (34 C.F.R 256)
FPRS Electronic Version

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	8. PROJECT/GRANT PERIOD		7. BASIS ___ CASH ___ ACCRUAL
		9. PERIOD COVERED BY THIS REPORT	

10. STATUS OF FUNDS **SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM**

SNAP FUNCTIONS/ACTIVITIES	11 E&T 100% GRANT	12 E&T 50% GRANT	13 E&T DEPENDENT CARE	14 E&T TRANS. & OTHER	15 E&T ABAWD GRANT	16 OPTIONAL WORKFARE	17 OUTREACH	18 NUTRITION EDUCATION	19 NEW INVESTMENT	20 PAGE 2 SUBTOTAL
a. Net outlays previously reported										
b. Total outlays this report period										
c. Less: Program Income credits										
d. Net outlays this report period <i>(Line b minus line c)</i>										
e. Net outlays to date <i>(Line a plus line d)</i>										
f. Less: Non-Federal share of outlays										
g. Total Federal share of outlays <i>(Line e minus line f)</i>										
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k. Total Federal share of outlays and unliquidated obligations										
l. Total cumulative amount of Federal funds authorized										
m. Unobligated balance of Federal funds										

11. INDIRECT EXPENSE	a. TYPE OF RATE <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> PREDETERMINED <input type="checkbox"/> FINAL <input type="checkbox"/> FIXED b. RATE c. BASE d. TOTAL AMOUNT e. FEDERAL SHARE	13. CERTIFICATION	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REPORT SUBMITTED	
12. REMARKS: Attach any explanation deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.		I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.			
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	8. PROJECT/GRANT PERIOD		7. BASIS ___ CASH ___ ACCRUAL
		9. PERIOD COVERED BY THIS REPORT	

10. STATUS OF FUNDS **SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM**

SNAP FUNCTIONS/ACTIVITIES	21 ISSUANCE INDIRECT	22 EBT STARTUP	23 SAVE	24 100% STATE EXCHANGE	25 75% INDIAN ADMINISTRATION	26 50% UNSPECIFIED OTHER	27	28	29	30 PAGE 3 SUBTOTAL
a. Net outlays previously reported										
b. Total outlays this report period										
c. Less: Program Income credits										
d. Net outlays this report period <i>(Line b minus line c)</i>										
e. Net outlays to date <i>(Line a plus line d)</i>										
f. Less: Non-Federal share of outlays										
g. Total Federal share of outlays <i>(Line e minus line f)</i>										
h. Total unliquidated obligations										
i. Less: Non-Federal share of unliquidated obligations shown on line h										
j. Federal share of unliquidated obligations										
k. Total Federal share of outlays and unliquidated obligations										
l. Total cumulative amount of Federal funds authorized										
m. Unobligated balance of Federal funds										

11. INDIRECT EXPENSE	a. TYPE OF RATE <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> PREDETERMINED <input type="checkbox"/> FINAL <input type="checkbox"/> FIXED b. RATE c. BASE d. TOTAL AMOUNT e. FEDERAL SHARE	13. CERTIFICATION	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REPORT SUBMITTED	
12. REMARKS: Attach any explanation deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.		I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.			
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10. STATUS OF FUNDS **SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM**

SNAP FUNCTIONS/ACTIVITIES	31 PROGRAM BENEFITS	
a. Net outlays previously reported		
b. Total outlays this report period		
c. Less: Program Income credits		
d. Net outlays this report period <i>(Line b minus line c)</i>		
e. Net outlays to date <i>(Line a plus line d)</i>		
f. Less: Non-Federal share of outlays		
g. Total Federal share of outlays <i>(Line e minus line f)</i>		
h. Total unliquidated obligations		
i. Less: Non-Federal share of unliquidated obligations shown on line h		
j. Federal share of unliquidated obligations		
k. Total Federal share of outlays and unliquidated obligations		
l. Total cumulative amount of Federal funds authorized		
m. Unobligated balance of Federal funds		

11. INDIRECT EXPENSE	a. TYPE OF RATE	PREDETERMINED	FINAL	FIXED	13. CERTIFICATION	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REPORT SUBMITTED
	b. RATE	c. BASE	d. TOTAL AMOUNT	e. FEDERAL SHARE			
12. REMARKS: Attach any explanation deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.		
STAMP/CERTIFY DATE		LAST UPDATED BY		LAST UPDATED ON			
					NAME	TITLE	TELEPHONE NO.
							AREA CODE NUMBER
							-

No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing regulation (34 C.F.R 256)

Form FNS-778A (10-08)
Page 4 of 4

INSTRUCTIONS

The FNS-778 is used to report State administrative costs for the Supplemental Nutrition Assistance Program (SNAP). NOTE: Program benefits are reported on the FNS-778A. DO NOT include program benefits in Columns 1 - 30 on the FNS-778.

Please type or print legibly. Items 1, 2, 3, 6, 7, 9, 10d, 10e, 10g, 10i, 10l, 11a, and 12 are self-explanatory; specific instructions for other items as follows:

Item *Entry*

4. Enter the State agency's Universal Identifier (DUNS) Number.
5. This space is reserved for an account number or other identifying numbers that may be assigned by the State agency.
8. Enter the month, day, and year of the beginning and ending of this grant period.
10. The purpose of vertical columns (1) through (30) is to provide financial data for each function and activity in the budget as approved by FNS.
 - 10a. Enter the amount reported in Line 10e of the last report. If there has been an adjustment to the amount shown previously, please attach an explanation or explain in the Remarks block. Show zero if this is the initial report.
 - 10b. Enter the total gross program outlays (less rebates, refunds, and other discounts) for this report period, including disbursements of cash realized as program income. For reports that are prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to contractors and subgrantees. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase (or decrease) in the amounts owed by the State agency for goods and other property received and for services performed by employees, contractors, subgrantees, and other payees.
 - 10c. Enter the amount of all program income realized in this reporting period that is required by Program regulations to be deducted from total program costs. For reports prepared on a cash basis, enter the amount of cash income received during the reporting period. For reports prepared on an accrual basis, enter the amount of income earned since the beginning of this reporting period. When Program regulations allow program income to be added to the total award, explain in remarks, the source, amount and disposition of the income.
 - 10f. Enter amount pertaining to the non-Federal share of program outlays included in the amount on line e.
 - 10h. Enter total amount of unliquidated obligations for the Supplemental Nutrition Assistance Program (SNAP). Included in unliquidated obligations are: Cash basis - obligations incurred but not paid. Accrual basis - obligations incurred but for which an outlay has not been recorded. Do not include any amounts that have been included on lines a through g. On the final report, line h should have a zero balance.
 - 10j. Enter the Federal share of unliquidated obligations shown on line h. The amount shown on this line should be the difference between the amounts on lines h and i.
 - 10k. Enter the sum of the amounts shown on lines g and j. If the report is final, the report should not contain any unliquidated obligations.

10m. Enter the unobligated balance of Federal funds. This amount should be difference between lines k and l.

11b. Enter rate in effect during the reporting period.

11c. Enter amount of the base to which the rate was applied.

11d. Enter total amount of indirect cost charged during the report period.

11e. Enter the Federal share of the amount entered in item 11d.

If more than one rate was applied during the grant period, enter in the remarks block on pages 2 and 3 (or include in a separate schedule) information showing bases against which the indirect cost rates were applied, the respective indirect rates, the month, day, and year the indirect rates were in effect, amounts of indirect expense charged to the program, and the Federal share of indirect expense charged to the program to date.

NOTE: Each column represents that portion of total outlays and/or obligations based on Direct Costs and allocated Indirect Costs. Indirect issuance costs assigned by cost rates are reported in "Issuance Indirect" (Column 21).

1. **CERTIFICATION:** Enter the costs for certification activity, including accepting and processing the application. Include salaries, benefits, travel expenses, supervisory, clerical, and other support costs.
2. **ELECTRONIC BENEFIT TRANSFER (EBT) ISSUANCE:** Enter the costs for EBT issuance. Include all EBT operational costs and EBT equipment costs. Include Direct Costs and Indirect Costs charged through a public assistance cost allocation plan (PACAP). Do not include indirect EBT issuance costs charged through an indirect cost rate. (These are reported in Column 21.).
3. **QUALITY CONTROL:** Enter the costs for Quality Control activity, including travel expenses.
4. **MANAGEMENT EVALUATION:** Enter the costs for Management Evaluation activities.
5. **FRAUD CONTROL:** Enter the costs for qualified employees engaged specifically in the investigation and prosecution of SNAP fraud activity.
6. **ADP DEVELOPMENT:** Enter the computer system development costs which are to be reimbursed at the Federal Financial Participation rate of 50%. Include EBT planning costs which are to be reimbursed at the Federal Financial Participation rate of 50%
7. **ADP OPERATIONS:** Enter the operational costs of computer systems which are charges under an approved cost allocation plan.
8. **FAIR HEARINGS:** Enter the costs for Fair Hearing activities
9. **OTHER COSTS:** Enter the sum of Columns 20 and 30, These columns respectively capture the sums of Columns 11 - 19 (page 2) and 21 - 24 (page 3) of this form. They thereby capture the costs for all other SNAP activities, including the E&T function, Outreach, Nutrition Education, reinvestment, SAVE, etc..
10. **GRAND TOTAL:** Enter the total administrative costs for the SNAP. This is the sum of Columns 1 through 9.
11. **EMPLOYMENT AND TRAINING (E&T) PROGRAM GRANT ALLOCATION (100% GRANT):** Enter the amount of the unmatched Federal grant expended on administrative costs of the E&T program. **NOTE: If applicable, do not include amount from Column 15: E&T ABAWD GRANT in this category.** Do not include participant reimbursements in this category.
12. **E&T ADMINISTRATIVE COSTS (50% MATCHING):** Enter the amount in excess of the E&T allocation (Column 11) and, if applicable, the additional E&T allocation for "pledge" States (Column 15), expended to operate the E&T program in accordance with the FNS-approved State E&T plan. Do not include participant reimbursements in this category.

13. E&T PARTICIPANT REIMBURSEMENT - DEPENDENT CARE: Enter the amount expended to reimburse E&T participants for the costs of dependent care incurred as a result of E&T participation. NOTE: The Federal contribution may not exceed one-half of the lesser amount of either the actual cost of dependent care or the applicable payment rate for child care established in accordance with the Child Care and Development Block Grant provisions of 45 CFR 98.43.
14. E&T PARTICIPANT REIMBURSEMENT - TRANSPORTATION AND OTHER COSTS: Enter the amount expended to reimburse E&T participants for the costs of transportation and other reasonable and necessary costs (other than dependent care) incurred as a result of E&T participation.
15. E&T ABAWD GRANT: Enter the amount of the unmatched additional Federal grant allocated under section 16 (h)(1)(E) of the Act expended to provide qualifying education/training or workfare opportunities to applicants and recipients subject to the 3-month SNAP time limit for able-bodied adults without dependents. **NOTE: This amount is separate from - and must not be included as part of - 100 percent Federal E&T grant expenditures in Column 11.**
16. OPTIONAL WORKFARE: Enter the operational costs for workfare programs operated under Section 20 of the Act. These are only programs which are not included in Employment and Training Programs. Include the cost when the participant has been reimbursed for workfare-related expenses such as transportation, child care, or the cost for personal safety items or equipment required for performance of work if these items are also purchased by regular employees. (Do not include enhanced reimbursement which should be reported on the SF-270.)
17. OUTREACH: Enter the outreach costs. Include as outreach costs only those costs which were included in the FNS approved plan for Program informational activities.
18. NUTRITION EDUCATION: Enter the nutrition education costs. Enter as nutrition education costs only those costs which were included in the FNS approved plan for Nutrition Education
19. NEW INVESTMENT: Enter those costs which were funded in full by the State agency in accordance with the State agency's FNS approved plan without any Federal matching funds.
20. PAGE 2 SUBTOTAL: Enter sum of items identified and recorded in columns 11-19. The total in Column 20 must be included in Column 9.
21. ISSUANCE INDIRECT: Enter the indirect costs for EBT issuance systems that are approved for cost charging through an indirect cost rate.
22. EBT START-UP: Enter the EBT system start-up costs incurred after the Implementation Advance Planning Document (IAPD) is approved and prior to issuance of benefits by the EBT system. Start-up costs include design, development, and implementation costs. They do NOT include system planning approved by FNS; all EBT planning costs prior to approval of the IAPD should be reported in Column 6 (ADP Development.)
23. SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE): Enter the administrative costs of planning, implementing and operating a SAVE system.
24. 100% STATE EXCHANGE: Enter the travel costs and costs for printed materials and electronic or other media related to the exchange of ideas and experience for improving program management among States that are approved by FNS and reimbursed with 100% State Exchange funds.
25. 75% INDIAN ADMINISTRATION: Enter the costs incurred to administer the program on an Indian reservation and that will be claimed at the 75% enhanced reimbursement rate for this activity.
26. 50% UNSPECIFIED OTHER: Enter that portion of Column 9, "Other Activities," not specifically identified and recorded in column 11-19 and 21-25. Include Wage Matching, etc.
30. PAGE 3 SUBTOTAL: Enter the total of Columns 21 through 26. The total from Column 30 must be included in Column 9.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a Collection of Information unless it displays a valid OMB control number. The valid OMB number is 0584-XXXX. The time required to complete this information collection is estimated to average 16.8 hours per response, including the time to review the instructions, search data sources, gather the data needed, and complete and review the information collection.