

FNS-388 CNMI-NAP

Form Name: FNS-388 (CNMI-NAP) (10-14)
Form Description: State Issuance and Participation Estimates
Program: SNAP Territories
State: NP
Agency Code: 7593101
Agency Name: CNMI COMMUNITY & CULTURAL AFFAIRS
Program Time: October 2018
Submission Type: Monthly
Submission Status: Work in Progress
Revision: 1

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| State Issuance and Participation Estimates | | October 2018 | September 2018 | August 2018 |
|---|--|--------------------------|-------------------------|---------------------|
| 2. ISSUANCE (DOLLARS) | | ORIGINAL ESTIMATE | REVISED ESTIMATE | ACTUAL/FINAL |
| a1. Regular Food Benefits (70%) | | | | |
| a2. Local Food Benefits (30%) | | | | |
| b. Disaster (New Households) | | | | 0 |
| c. Disaster Supplement | | | | |
| d. Adjustment | | | | |
| e. Total Issuance | | | | 0 |
| 3. NUMBER OF PARTICIPATING PEOPLE | | ORIGINAL ESTIMATE | REVISED ESTIMATE | ACTUAL/FINAL |
| a. Regular Ongoing | | | | |
| b. Disaster (New Participants) | | | | |
| c. Disaster Supplement | | | | |
| d. Adjustment | | | | |
| e. Total People | | | | |
| 4. NUMBER OF PARTICIPATING HOUSEHOLDS | | ORIGINAL ESTIMATE | REVISED ESTIMATE | ACTUAL/FINAL |
| a. Regular Ongoing | | | | |
| b. Disaster (New Households) | | | | |
| c. Disaster Supplement | | | | |
| d. Adjustment | | | | |
| e. Total Households | | | | |
| 5. Remarks (Please include details explaining any significant increases/decreases in issuance - ex. carry over dollars.) | | | | |
| | | | | |





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| State Issuance and Participation Estimates | | Remarks |
|--|--|---------|
| 4. Remarks | | |