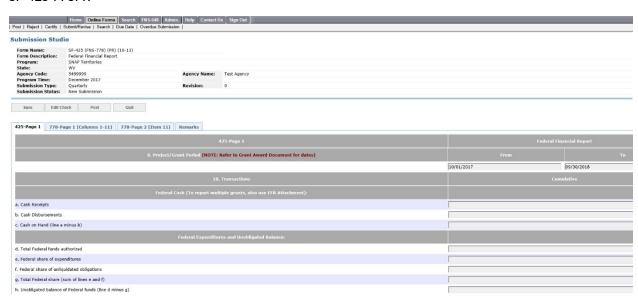
## SF-425 778PR



		Recipient Sh	are:			
i. Total recipient share requ	uired					
j. Recipient share of expen	ditures					
k. Remaining recipient shar	re to be provided (line i minus j)					
I. Total Federal share of pro	ogram income earned					
m. Program income expend	ded in accordance with the deduction alter	native				
n. Program income expend	ded in accordance with the addition alterna	tive				
o. Unexpended program in	come (line I minus line m or line n)					
11. Indirect Expense						
		b. Rate		Period To		e. Amount Charged
	~					
	V					
g. Totals:						

11. Indirect Expense							
Period To	d. Base	e. Amount Charged	f. Federal Share				

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Post   Reject   Certify	Submit/Revise   Search   Due Date   Overdue Submis							
Submission Stud	lio							
Form Name: Form Description: Program: State: Agency Code:	SF-425 (FNS-778) (PR) (10-13) Federal Financial Report SIAAP Territories WV 5499999	Agency Name: Test Age	ncy					
Program Time:	December 2017							
Submission Type: Submission Status:	Quarterly New Submission	Revision: 0						
	778-Page 1 (Cólumns 1-11)							
						5. Total Admin (1-4)		
a. Net outlays previous	ly reported							
b. Total outlays this rep	port period							
c. Less: Program incom	e credits							
d. Net outlays this repo	ort period (Line b minus line c)							
e. Net outlays to date (Line a plus line d)								
f. Less: Non-Federal sh	f. Less: Non-Federal share of outlays							
g. Total Federal share o	of outlays (Line e minus line f)							
h. Total unliquidated ob	oligations							
i. Less: Non-Federal sha	are of unliquidated obligations shown on line h							
j. Federal share of unliquidated obligations								
k. Total Federal share o	of outlays and unliquidated obligations							
	ount of Federal funds authorized							
m. Unobligated balance	of Federal funds							

7. Benefits to Participants	8. Carry Over to Next FFY	9. Total Benefits (6-8)	10. 100% State Exchange	11. Grand Total (5+9, Excludes 10)

