

**WIC FARMERS' MARKET NUTRITION PROGRAM (FMNP)
ANNUAL FINANCIAL AND PROGRAM DATA REPORT**

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PART A - HEADING

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED	2. STATE 7-DIGIT AGENCY CODE	3. DUNS/UEI No.
4. STATE AGENCY NAME AND ADDRESS	5. BASIS: ___ CASH ___ ACCRUAL	6. REPORT YEAR Revision , Closeout Report From To

PART B - ANALYSIS OF REPORT YEAR PROGRAM ACTIVITY

TRANSACTION	COST CATEGORY		
	FOOD (A)	ADMIN. (B)	TOTAL (C)
7. FORMULA GRANT			
8. BACKSPEND TO PRIOR YEAR			
9. SUBTOTAL (7 PLUS 8)			
10. GROSS OUTLAYS AND UNLIQUIDATED OBLIGATIONS FOR REPORT YEAR			
11. PROGRAM INCOME			
12. NET OUTLAYS AND UNLIQUIDATED OBLIGATIONS (10 MINUS 11)			
13. RECIPIENT'S SHARE OF NET OUTLAYS AND UNLIQUIDATED OBLIGATIONS			
14. FEDERAL PROGRAM OUTLAYS AND UNLIQUIDATED OBLIGATIONS (12 MINUS 13)			
15. ADMIN TO FOOD CONVERSIONS			
16. BALANCE (9 MINUS 14 PLUS 15)			
17. BACKSPEND FROM FOLLOWING YEAR			
18. RESULTS OF REPORT YEAR PROGRAM OPERATIONS (16 PLUS 17)			

PART C - STATUS OF GRANT AWARD

19. FEDERAL OUTLAYS AGAINST THE FORMULA GRANT:			
a. FOR REPORT YEAR OUTLAYS			
b. FOR OUTLAYS OF PRIOR YEAR (BACKSPENT)			
c. TOTAL FEDERAL OUTLAYS (18a PLUS 18b)			
20. FEDERAL UNLIQUIDATED OBLIGATIONS AGAINST THE FORMULA GRANT			
21. FEDERAL OUTLAYS AND UNLIQUIDATED OBLIGATIONS (18c PLUS 19)			
22. FEDERAL FUNDS TO BE RECOVERED (7 MINUS 20)			
23. INDIRECT EXPENSE	a. TYPE OF RATE (Place "X" in appropriate box)		
	___ Provisional	___ Predetermined	___ Final ___ Fixed
	b. RATE	c. BASE	d. TOTAL AMOUNT e. FEDERAL SHARE

PART D - PROGRAM DATA

WIC RECIPIENTS SUPPORTED WITH FEDERAL AND NON-FEDERAL FUNDS	NON-WIC RECIPIENTS SUPPORTED BY NON-FEDERAL FUNDS
24. PREGNANT WOMEN	31. CHILDREN
25. BREASTFEEDING WOMEN	32. ELDERLY
26. POSTPARTUM WOMEN	33. OTHER
27. INFANTS	34. TOTAL NON-WIC RECIPIENTS
28. CHILDREN	
29. TOTAL WIC RECIPIENTS (Line 24 THRU Line 28)	35. TOTAL OF WIC AND NON-WIC RECIPIENT (Line 29 PLUS Line 34)
30. HOUSEHOLDS	

PROFILE OF VENDORS		FMNP ISSUANCE AND REDEMPTION SUMMARY	
36. NUMBER OF AUTHORIZED FARMERS		40. VALUE OF FOOD BENEFITS ISSUED (FEDERAL)	
37. NUMBER OF AUTHORIZED FARMERS' MARKETS		41. VALUE OF FOOD BENEFITS REDEEMED (FEDERAL)	
38. NUMBER OF AUTHORIZED FARM OR ROADSIDE STANDS, IF ANY		42. VALUE OF FOOD BENEFITS ISSUED (NON-FEDERAL)	
39. TOTAL NUMBER OF AUTHORIZED FARMERS, FARMERS' MARKETS, AND ROADSIDE STANDS		43. VALUE OF FOOD BENEFITS REDEEMED (NON- FEDERAL)	

PART E - OTHER

REMARKS

CERTIFICATION: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THIS REPORT IS CORRECT. AND THAT ALL OUTLAYS AND UNLIQUIDATED OBLIGATIONS ARE FOR THE PURPOSES SET FORTH IN THE AWARD DOCUMENT.	TYPED NAME AND TITLE OF CERTIFYING OFFICIAL	
	SIGNATURE	
	TELEPHONE NUMBER	DATE
	STAMP/CERTIFY DATE	LAST UPDATED BY