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## Submission Studio

<b>Form Name:</b>	SF-425 (10-08)		
<b>Form Description:</b>	Federal Financial Report		
<b>Program:</b>	SNAP Healthy Incentives Pilot		
<b>State:</b>	MA		
<b>Agency Code:</b>	2592901	<b>Agency Name:</b>	MA Department of Transitional Assistance
<b>Program Time:</b>	September 2010	<b>Report Time:</b>	September 2010
<b>Submission Type:</b>	Quarterly	<b>Revision:</b>	0
<b>Submission Status:</b>	New Submission		

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10. Transactions	Cumulative
Federal Cash :	
a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	
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
	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<b>g. Totals:</b>						<input type="text" value=""/>	<input type="text" value=""/>



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12. Remarks





