**USDA** FORM APPROVED

Form RD 1942-53 OMB NO. 0575-0120

(Rev. 4-97)

CASH FLOW REPORT

Exp. Date: X/XX/202X

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | | Address | | | | |
| Applicant Fiscal Year From To Actual Data for Months Ended | | | | | County | | State & Zip Code |
| (1)  **General Account**  **Beginning Cash Balance** . . . . . . . . . . . . . . . . . . . . . . . .  **Cash Receipts** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | PRIOR YEAR ACTUAL  (2) | ANNUAL BUDGET (3) | | CURRENT  QUARTER (4) | YEAR TO  DATE  (5) |  | |
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| Interest Income . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  Loan Proceeds . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  Other . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  Total Cash Available (A) . . . . . . . . . . . . . . . . . . . . . . . . . |  |  | |  |  |  | |
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| **Cash Outflow** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  | |  |  |  | |
| Operating Expenses. . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  | |  |  |  | |
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| Loan Payments (P&I). . . . . . . . . . . . . . . . . . . . . . . . . . . .  Construction Expenses . . . . . . . . . . . . . . . . . . . . . . . . . .  Transfer to Reserve Account . . . . . . . . . . . . . . . . . . . . . . .  Other Transfers . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  Total Cash Outflow (B) . . . . . . . . . . . . . . . . . . . . . . . . . |  |  | |  |  |  | |
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| **Ending Cash Balance (C)**  **(A - B) (General Account)** . . . . . . . . . . . . . . . . . . . . . . . |  |  | |  |  |  | |
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| **Other Fund Balances** . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  | |  |  |  | |
| Reserve Account . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  Funded Depreciation . . . . . . . . . . . . . . . . . . . . . . . . . . . .  Other Investments . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  Other . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  Total Other Fund Balances (D) . . . . . . . . . . . . . . . . . . . . . . |  |  | |  |  |  | |
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**Total Balances - All Funds (C + D)** . . . . . . . . . . . . . . . . . .

*Budget approved by Governing Body, certified correct (Appropriate official)*

Date

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0575-0120, which expires on XXXX. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. All responses to this collection of information are voluntary. Any questions on this burden can be sent to ICRMTRequests@usda.gov.

*Position 3*

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