

U.S. DEPARTMENT OF AGRICULTURE - Food and Nutrition Service

WIC FINANCIAL MANAGEMENT AND PARTICIPATION REPORT

Public reporting burden for this collection of information is estimated to average 3.2367 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 of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research, Nutrition and Analysis, Alexandria, VA 22302 (0584-0045). Do not return the completed form to this address.

STATE	LOC	FISCAL YEAR	REPORT MONTH/CALENDAR YEAR	DATE SUBMITTED
SEVEN DIGIT CODE	DATA SIGNED	DATE RECEIVED IN R/O	LATEST REPORT MONTH AND REVISION	<input type="checkbox"/> MONTHLY REPORT <input type="checkbox"/> ANNUAL CLOSEOUT REPORT

Food Obligation Estimates	October	November	December	January	February	March	April	May	June	July	August	September	YTD Total
1. Adjusted Gross Obligations													
2. Estimated Rebates													
3. Net Federal Obligations													

Actual Food Outlays	October	November	December	January	February	March	April	May	June	July	August	September	YTD Total
4. Gross Outlays													
5. Unliquidated Obligations													
6. Gross Outlays & Unliq													
7. Rebates Received													
8. Program Income													
9. Postpymt Vendor Collections													
10. Participant Collections													
11. Other Credits													
12. Net Federal Outlays & Unliq													
13. Month Closed Out (Y/N)													
14. Annual Net Federal Cost													

Federal Participation	October	November	December	January	February	March	April	May	June	July	August	September	YTD Total
15. a. Women Pregnant													
b. Women Fully Breastfeeding													
c. Women Partially Breastfeeding													
d. Women Postpartum													
e. Total Women													
16. a. Infants Fully Breastfed													
b. Infants Partially Breastfed													
c. Infants Fully Formula-fed													
d. Total Infants													
17. Children													
18. Total													

Year-to-Date NSA Costs	October	November	December	January	February	March	April	May	June	July	August	September	YTD Total
19. Gross Outlays													
20. Unliquidated Obligations													
21. Gross Outlays & Unliq													
22. Program Income													
23. Postpymt Vendor Collections													
24. Participant Collections													
25. Other Credits													
26. Net Federal Outlays & Unliq													
27. Est. Future Month(s) Oblig													
28. Annual Net Federal Cost													

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TRANSACTION	COST CATEGORY		
	(A) FOOD	(B) NSA	(C) TOTAL
29. Formula Grant			
30. Prior Year Spending Options			
a. Spendforward from Prior Year			
b. Backspend to Prior Year			
31. Subtotal (29 plus 30)			
32. Annual Net Federal Cost			
33. Balance Before Application of Prepayment			
Vendor Collections (31 minus 32)			
34. Prepayment Vendor Collections Applied to NSA			
35. Balance Before Conversion (33 plus 34)			
36. Conversion			
a. Food to NSA			
b. NSA to Food			
37. Balance After Conversion (35 plus 36)			
38. Current Year Spending Options			
a. Spendforward to Following Year			
b. Backspend from Following Year			
39. Results of Report Year Program			
Operations (37 plus 38)			
40. Preliminary Recoveries/Cash Transfers			
a. Preliminary Recoveries			
b. Cash Transfers in (out)			
c. Total Recoveries/Cash Transfers			
41. Federal Funds to be Recovered (Restored)			
(39 plus 40c)			

Explanatory Notes:

42. Funds Spent for Breast Pumps			
43. Average Migrant Participation (July - June)			

Remarks:

Certification	Typed Name and Title of Certifying Officer	
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.	Signature	
	Telephone Number	
	STAMP/CERTIFY DATE	LAST UPDATED BY