EXHIBITS

FOOD DISTIBUTION PROGRAM ON INDIAN RESERVATIONS
PLAN OF OPERATION GUIDANCE

A cover sheet should be attached to the Plan of Operation which identifies the State agency by name and address; effective Fiscal Year; authority citation; name and location of each reservation served; statement that the State Agency will abide by pertinent legislation, regulations, instructions, and FNS Handbook 501 (or other approved operating manual); and joint FNS and State agency signature blocks. A sample cover sheet is shown below.

FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS
Plan of Operation and Budget

State Agency: _____
(Name)

_____
(Address)

SPECIMEN

_____

_____

Authority Citation: _____

Reservation(s) Served **Location(s)**

The State agency responsible for program operations of the Food Distribution Program on Indian Reservations agrees to abide by all pertinent legislation, regulations, instructions, and FNS Handbook 501.

Submitted by:

_____
JOHN DOE
Chairman

_____
(Date)

Approved By:
Food and Nutrition Service

_____
JOHN SMITH
Regional Administrator

_____
(Date)

I SCOPE OF OPERATION

Required: A detailed description of the geographic boundaries of the relevant areas to be served including tribal reservation land, near area(s), and urban place(s).

Regulation cite: 7 CFR 253.4(d)

Guidance: This section of the plan should include:

A. Narrative description and maps of defined reservation boundaries;

B. Narrative description and maps of near reservation area(s);

C. Description of previously approved urban area(s) and dates of FNS approval, including name of city or town and population; and

D. (Optional) Tribes which will be served in each defined area.

II STORAGE AND DISTRIBUTION

Required: A detailed description of the manner in which commodities will be distributed, including, but not limited to, the storage and distribution facilities to be used.

Regulation cite: 7 CFR 253.5(a) (2)

Guidance: This section of the plan should include:

A. Location of each storage facility;

B. Floor and height dimensions of cold and dry storage areas;

C. Description of type of each storage facility (i.e., commercial, tribal building, etc.);

D. Procedures taken to ensure that the handling, storage, and distribution of foods are safeguarded against theft, spoilage, infestation, fire, and other losses;

E. Frequency and estimated number of participants to be served at each distribution site;

F. Type of distribution offered to participants at each distribution site (i.e., manual, over-the-counter, or tailgate);

G. Procedures used to ensure issuance of commodities to households on a 1-day expedited basis for hardship cases; and

H. Procedures for controlling disposition of damaged commodities (i.e., list of emergency contacts and telephone numbers).

III DUAL PARTICIPATION

Required: A detailed description of the State agency's procedures for preventing simultaneous participation of households in both the Food Stamp Program and the Food Distribution Program on Indian reservations.

Regulation cite: 7 CFR 253.5(a) (2)

Guidance: This section of the plan should include:

A. Procedures used to control simultaneous participation of households in the Food Stamp Program and other Food Distribution Program on Indian Reservations, including a list of offices contacted; and

B. Procedures used to permit households to smoothly switch participation from the Food Stamp Program to the Food Distribution Program on Indian Reservations and vice versa.

IV FOOD PREFERENCES

Required: A detailed description of the State agency's system used to determine food preferences of households.

Regulation cite: 7 CFR 253.5(a) (2)

Guidance: This section of the plan should include a description of methods used to collect food preferences from households, including the frequency of collection.

V NONDISCRIMINATION

Required: A detailed description of the procedures for complying with the nondiscrimination requirements, and any applicable nondiscrimination requirements specified by the Department.

Regulation cite: 7 CFR 253.5(a) (2)

Guidance: This section of the plan should include:

A. Description of procedures for handling civil rights complaints; and

B. Location of nondiscrimination posters.

VI PROGRAM MONITORING

Required: A detailed description of the State agency's procedures for monitoring the program to ensure compliance with the regulations and guidance provided by FNS.

Regulation cite: 7 CFR 253.5(i)

Guidance: This section of the plan should include:

Procedures for detecting program deficiencies, including frequency of internal reviews;

A. Procedures for documenting all program deficiencies found and related corrective action procedures;

B. Description of procedures for handling program complaints; and

C. Name and title of the fair hearing official.

VI PROGRAM TRAINING

Required: A detailed description of the State agency's procedures for training personnel involved in the Food Distribution Program on Indian Reservations activities.

Regulation cite: 7 CFR 253.5(f)

Guidance: This section should include:

A. Procedures for detecting training needs; and

B. Description of training sessions to be held.

VIII STAFFING

Required: A list of all employees, by job title, working on the Food Distribution Program on Indian Reservations.

Regulation cite: 7 CFR 253.5(c)

Guidance: This section of the plan should include:

A. Description of organizational structure;

B. Description of each employee's responsibilities, including staff persons responsible for conducting nutrition education; and

C. Explanation of how a contract with an outside agency for any portion of program administration will work with staff.

IX NUTRITION EDUCATION

Required: A detailed description of the procedures used for making food and nutrition education information and materials available to participating households.

Regulation cite: 7 CFR 253.5(g)

Guidance: This section of the plan should include:

A. Explanation of how participants will be informed of the commodity foods in the food package (i.e., visual aids, printed materials, home demonstrations, etc.); and

B. Location and description of applicable posters and other materials.

X FINANCIAL MANAGEMENT

Required: Any State agency administering an ongoing Food Distribution Program on Indian Reservations which desires to receive administrative funds shall submit an SF-424, Application for Federal Assistance, and supporting narrative to the appropriate FNS regional office at least 3 months prior to the beginning of each Federal Fiscal Year. The budget information required in Part III of the application shall reflect by category of expenditures, the State agency's best estimate of the total amount to be expended in the administration of the Food Distribution Program on Indian Reservations during a Federal Fiscal Year.

Regulation cite: 7 CFR 253.9

Guidance: This section of the plan should include:

A. Budget

1. All sources of funding for the program;

2. Categorization of State agency expenditures in Part III, Sections A and B of SF-424 by indicating the division of funds among the following categories: Certification; Storage and Distribution; Nutrition Education; and Other;

3. Indication of whether equipment expenses are for maintenance, rental fees, or new purchases;

4. Estimation of caseload for ongoing programs reflecting the program's 12-month average participation, as reported on Form FNS-152; and

5. A copy or detailed summary of the current indirect cost agreement.

B. Narrative

1. Description of procedures and controls in effect that ensure accounting records reflect the Fiscal Year authorized administrative funds;

2. Description of how the financial management system accommodates drawdowns on Letters of Credit; and

3. Description of the checks and balances used in making disbursements.

XI EXHIBITS

Guidance: The exhibits to the Plan of Operation should include:

A. A detailed list of all approved program forms including, complete title and FNS approval date of each form;

B. Any new forms which need approval;

C. Organizational charts;

D. Reservation maps; and

E. Memorandum(s) of understanding (If applicable).

SAMPLE COPY OF FORM FNS-74

According to the Paperwork Reduction Act of 1995, no persons are 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 0584-0067. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

INSTRUCTIONS: Sign and submit the original and one copy of this Agreement to your FNS regional office. You must have original signatures on both copies of the agreement and the following attachments, which become part of this Agreement: Certification Regarding the Drug-Free Workplace Requirements (Form AD-1049); Certification Regarding Lobbying; and Disclosure of Lobbying Activities (Form SF-LLL).

FEDERAL-STATE AGREEMENT
CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS
FOOD AND NUTRITION SERVICE
U.S. DEPARTMENT OF AGRICULTURE

1. What is the purpose of this agreement?

This agreement sets out the requirements for administering the Child Nutrition Programs and the Food Distribution Programs.

2. Who are the parties to this agreement?

The Food and Nutrition Service (FNS), U.S. Department of Agriculture (USDA)_____ (State agency). In consideration of the funds and commodities provided by FNS to the State agency and the services provided by the State agency, the parties agree to the provisions of this agreement.

3. What programs does this agreement cover?

This agreement covers the programs noted with an "x" in the chart below. If the State agency decides to discontinue or begin administration of any of these programs after signing this agreement, the State agency must provide FNS advance written notice, including the proposed effective date of the change. Upon approval of the request, FNS will enter into a new agreement or amend this agreement.

	National School Lunch Program	School Breakfast Program	Special Milk Program	Commodity School Program	Child and Adult Care Food Program	Summer Food Service Program	Nutrition Education Training	Food Distribution Programs
Public schools	☐	☐	☐	☐	☐	☐	☐	☐
Private schools	☐	☐	☐	☐	☐	☐	☐	☐
Public residential child care institutions	☐	☐	☐	☐		☐	☐	☐
Private residential child care institutions	☐	☐	☐	☐		☐	☐	☐
Nonresidential child care institutions			☐		☐		☐	☐
Nonresidential adult care institutions					☐		☐	☐
Service institutions (including camps)			☐			☐	☐	☐
Charitable institutions								☐
Disasters and situations of distress								☐
CSFP								☐
FDPIR and FDPI in Oklahoma								☐
Nonprofit summer camps			☐					☐
TEFAP								☐
Other (describe)	☐	☐	☐	☐	☐	☐	☐	☐

4. What are the definitions for the terms used in this agreement?

The terms in this agreement have the same meaning as they are defined in the program statutes, program regulations, and the glossary in Appendix A to this agreement.

5. What is the authority for this agreement?

This agreement is authorized by the program statutes listed in Appendix A to this agreement.

6. What is the duration of this agreement?

This agreement is effective for the Federal Fiscal Year from October 1 ,_____to September 30,_____. This agreement may be extended by FNS. The extension will be in the form of the annual grant award document announcing the grant amounts for each program for each Federal Fiscal Year.

7. How may this agreement be terminated?

This agreement may be terminated in accordance with the program statutes, program regulations, and 7 CFR Parts 3015.124, 3016.43 and 3016.44.

8. May this agreement be amended?

This agreement may be amended only by FNS. However, either FNS or the State agency may propose amendments. FNS amendments are not subject to approval by the State agency. By continuing to operate the covered programs after an amendment to this agreement, the State agency agrees to comply with the amendment.

If the State agency does not wish to comply with an amendment, the State agency must seek to terminate the agreement in accordance with Section 7 of this agreement.

9. What are the requirements for FNS?

Subject to available appropriations, FNS will provide funds and commodities to the State agency for the programs covered by this agreement. In addition and also subject to available appropriations, FNS will provide State Administrative Expense funds and Cash-in-Lieu of Donated Foods (7 CFR Part 240) when the State agency is approved to administer a program for which those funds are available.

FNS will provide the funds and commodities in accordance with program statutes, program regulations, any FNS instructions, policy memoranda, guidance, and other written directives interpreting the program statutes and program regulations, and the other statutes and regulations cited in this agreement.

10. What are the requirements for the State agency?

A. Program Statutes, Program Regulations, Instructions, Policy Memoranda, and Guidance

The State agency will comply with the program statutes and program regulations applicable to the programs covered by this agreement. The State agency also will comply with any FNS instructions, policy memoranda, guidance, and other written directives interpreting the program statutes and program regulations applicable to those programs.

B. Departmental Regulations on Grants and Cooperative Agreements

The State agency will comply with the following USDA Regulations:

i. 7 CFR Part 3015, Uniform Federal Assistance Regulations;

ii. 7 CFR Part 3016, Uniform Administrative Requirements for Grants and Cooperative Agreements;

iii. 7 CFR Part 3019, Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations, and Institutions;

iv. 7 CFR Part 3051, Audits of Institutions of Higher Education and Other Nonprofit Institutions;

v. 7 CFR Part 3052, Audits of States, Local Governments, and Nonprofit Organizations.

C. Debarment and Suspension

The State agency will comply with 7 CFR Part 3017, Subparts A-E, Governmentwide Debarment and Suspension (Nonprocurement). If this agreement covers Food Distribution Programs other than food distribution related to the Child Nutrition Programs, and the State agency has signed and attached to this agreement the Certificate Regarding Debarment, Suspension, and Other Responsibility Matters-Primary Covered Transactions, the SA must submit an additional Certification to FNS by October 1 of each year.

D. Nondiscrimination and Equal Employment Opportunity

The State agency will comply with the following nondiscrimination statutes and regulations, any other related regulations, and any FNS and USDA nondiscrimination directives:

i. Title VI of the Civil Rights Act of 1964 (42 U.S.C. 200d et seq.), USDA regulations at 7 CFR Part 15, Nondiscrimination, and Department of Justice regulations at 28 CFR Part 42, Nondiscrimination; Equal Employment Opportunity; Policies and Procedures;

ii. Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.) and USDA regulations at 7 CFR Part 15a, Education Programs or Activities Receiving or Benefitting from Federal Financial Assistance;

iii. Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), USDA regulations at 7 CFR Part 15b, Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving Federal Financial Assistance, and Department of Justice regulations at 28 CFR Part 41, Implementation of Executive Order 12250, Nondiscrimination On The Basis of Handicap In Federally Assisted Programs; and

iv. The Age Discrimination Act of 1975 42 (U.S.C. 6101 et seq.),

The State agency assures that it will immediately take any measures necessary to effectuate the requirements in the laws, regulations, and directives. The State agency gives this assurance in consideration of and for the purpose of obtaining the funds and commodities provided under this agreement.

E. Lobbying

The State agency will comply with the 7 CFR Part 3018, New Restrictions on Lobbying and has signed and attached to this agreement the Certificate Regarding Lobbying and, if applicable, the Disclosure of Lobbying Activities (Forms SF-LLL) and annually will sign and submit a certificate, if applicable, Form SF-LLL to FNS.

F. Drug-Free Workplace

The State agency will comply with 7 CFR Part 3017, Subpart F, Drug-Free Workplace and will maintain a drug-free workplace in accordance with (check one):

☐ The current annual single State or State agency drug-free workplace certification statement that is on file with USDA.

☐ The Certification Regarding the Drug-Free Workplace Requirements (Form AD-1049) that the State agency has signed and attached to this agreement.

11. How do changed or new statutes, regulations, instructions, policy memoranda, and guidance affect this agreement?

By continuing to operate the covered programs after the enactment or issuance of any changed or new statutes or regulations applicable to the programs covered by this agreement and any changed or new instructions, policy memoranda, guidance, and other written directives interpreting these statutes or regulations, the State agency agrees to comply with them.

If the State agency does not wish to comply with any changes or new items, the State agency must seek to terminate the agreement in accordance with Section 7 of this Agreement.

12. Signatures

STATE AGENCY	USDA
By (Signature)	By (Signature)
TITLE	TITLE
DATE	DATE

Appendix A -- Glossary

"Child Nutrition Programs" means:

National School Lunch Program (NSLP)
Special Milk Program for Children (SMP)
School Breakfast Program (SBP)
Commodity School Program
Summer Food Service Program (SFSP)
Child and Adult Care Food Program (CACFP)
Nutrition Education and Training Program (NET)
State Administrative Expense Funds (SAE)

"Food Distribution Programs" means:

The commodity donation portion of the Child Nutrition Programs
Commodity assistance for charitable institutions
Commodity Supplemental Food Program (CSFP)
Commodity assistance for disasters and situations of distress
Food Distribution Program for households on Indian reservations (FDPIR)
Food Distribution Program for Indian households (FDPI) in Oklahoma
Commodity assistance for nonprofit summer camps
The Emergency Food Assistance Program (TEFAP)

"Program Statutes" means:

for the Child Nutrition Programs

Richard B. Russell, National School Lunch Act (42 U.S.C. 1751-69h)
Child Nutrition Act of 1966 (42 U.S.C. 1771-91)

for the Food Distribution Programs

general and charitable institutions

Commodity Distribution Reform Act and WIC Amendments of 1987 (7 U.S.C. 612c note)
Section 32 of the Act of August 24, 1935 (7 U.S.C. 612c)
Section 416(a) of the Agricultural Act of 1949 (7 U.S.C. 1431(a))

CSFP

Sections 4(a) and 5 of the Agriculture and Consumer Protection Act of 1973 (7 U.S.C. 612c note)

Disasters and Situations of Distress

Section 412 and 413 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5179-80)
Section 4(a) of the Agriculture and Consumer Protection Act of 1973 (7 U.S.C. 612c note)

FDPIR

Section 4(b) of the Food Stamp Act of 1977 (7 U.S.C. 2013(b))
Section 4(a) of the Agriculture and Consumer Protection Act of 1973 (7 U.S.C. 612c note)

FDPI for Oklahoma

Section 1336 of the Food Stamp and Commodity Distribution Amendments of 1981

Nonprofit Summer Camps for Children

Section 4(a) of the Agriculture and Consumer Protection Act of 1973 (7 U.S.C. 612c note)

TEFAP

Emergency Food Assistance Act of 1983 (7 U.S.C. 7501-16)

"Program Regulations" means the regulations noted below:

7 CFR Part 210 National School Lunch Program
Part 215 Special Milk Program for Children
Part 220 School Breakfast Program
Part 225 Summer Food Service Program
Part 226 Child and Adult Care Food Program
Part 227 Nutrition Education and Training Program
Part 235 State Administrative Expense funds
Part 240 Cash in Lieu of donated foods
Part 245 Determining eligibility for free and reduced price meals and free milk in schools
Part 247 Commodity Supplemental Food Program
Part 250 Donation of foods for use in the United States, its territories and possessions and areas under its jurisdiction
Part 251 The Emergency Food Assistance Program
Part 253 Administration of the Food Distribution Program for households on Indian reservations
Part 254 Administration of the Food Distribution Program for Indian households in Oklahoma

SAMPLE COPY OF FORM AD-1049

U.S. DEPARTMENT OF AGRICULTURE

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS (GRANTS) ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), 7 CFR Part 3017, Subpart F, Section 3017.600, Purpose. The January 31, 1989, regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691). Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the grant.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON PAGE 3)

Alternative I

A. The grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about –

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will –

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position

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Form AD-1049 (REV 5/90)

title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted –

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, State, zip code)

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Check ☐ if there are workplaces on file that are not identified here.

Organization Name | Award Number or Project Name

Name and Title of Authorized Representative

Signature | Date

Form AD-1049 (REV 5/90)

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this form, the grantee is providing the certification set out on pages 1 and 2.

2. The certification set out on pages 1 and 2 is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

3. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.

4. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).

5. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph three).

6. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

   "Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

   "Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

   "Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

   "Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) all "direct charge" employees; (ii) all "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

Form AD-1049 (REV 5/90)

SAMPLE COPY OF SF-269

FINANCIAL STATUS REPORT
(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No. 0348-0039	Page of pages

3. Recipient Organization (Name and complete address, including ZIP code)			
4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report ☐ Yes ☐ No	7. Basis ☐ Cash ☐ Accrual

8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays			0.00
b. Refunds, rebates, etc.			0.00
c. Program income used in accordance with the deduction alternative			0.00
d. Net outlays *(Line a, less the sum of lines b and c)*	0.00	0.00	0.00
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			0.00
f. Other Federal awards authorized to be used to match this award			0.00
g. Program income used in accordance with the matching or cost sharing alternative			0.00
h. All other recipient outlays not shown on lines e, f or g			0.00
i. Total recipient share of net outlays *(Sum of lines e, f, g and h)*	0.00	0.00	0.00
j. Federal share of net outlays *(line d less line i)*	0.00	0.00	0.00
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share *(sum of lines j and m)*			0.00
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds *(Line o minus line n)*			0.00
Program income, consisting of:			
q. Disbursed program income shown on lines c and/or g above			
r. Disbursed program income using the addition alternative			
s. Undisbursed program income			
t. Total program income realized *(Sum of lines q, r and s)*			0.00

11. 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

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

13. Certification: **I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Signature of Authorized Certifying Official	Date Report Submitted: August 17, 2005

Previous Edition Usable — 269-104 — Standard Form 269 (Rev. 7-97)
NSN 7540-01-012-4235 — Prescribed by OMB Circulars A-102 and A-110
230-498 P.O. 139 (Face)

FINANCIAL STATUS REPORT
(Long Form)

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0039), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award (e.g., how to calculate the Federal share, the permissible uses of program income, the value of in-kind contributions, etc.). You may also contact the Federal agency directly.

Item	Entry
1, 2 and 3.	Self-explanatory.
4.	Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service.
5.	Space reserved for an account number or other identifying number assigned by the recipient.
6.	Check *yes* only if this is the last report for the period shown in item 8.
7.	Self-explanatory.
8.	Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."
9.	Self-explanatory.
10.	The purpose of columns I, II, and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column III of the previous report *in the same funding period*. If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation.
10a.	Enter total gross program outlays. Include disbursements of cash realized as program income if that income will also be shown on lines 10c or 10g. Do not include program income that will be shown on lines 10r or 10s. For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subrecipients. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.
10b.	Enter any receipts related to outlays reported on the form that are being treated as a reduction of expenditure rather than income, and were not already netted out of the amount shown as outlays on line 10a.
10c.	Enter the amount of program income that was used in accordance with the deduction alternative.
Note:	Program income used in accordance with other alternatives is entered on lines q, r, and s. Recipients reporting on a cash basis should enter the amount of cash income received; on an accrual basis, enter the program income earned. Program income may or may not have been included in an application budget and/or a budget on the award document. If actual income is from a different source or is significantly different in amount, attach an explanation or use the remarks section.
10d.	e, f, g, h, i and j. Self-explanatory.
10k.	Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors. Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded. Do not include any amounts on line 10k that have been included on lines 10a and 10j. On the final report, line 10k must be zero.
10l.	Self-explanatory.
10m.	On the final report, line 10m must also be zero.
10n.	o, p, q, r, s and t. Self-explanatory.
11a.	Self-explanatory.
11b.	Enter the indirect cost rate in effect during the reporting period.
11c.	Enter the amount of the base against which the rate was applied.
11d.	Enter the total amount of indirect costs charged during the report period.
11e.	Enter the Federal share of the amount in 11d.
Note:	If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

SF-269 Back (Rev. 7-97)

SAMPLE COPY OF SF-269A

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No. 0348-0038	Page of pages

3. Recipient Organization (Name and complete address, including ZIP code)

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report ☐ Yes ☐ No	7. Basis ☐ Cash ☐ Accrual

8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays			0.00
b. Recipient share of outlays			0.00
c. Federal share of outlays			0.00
d. Total unliquidated obligations			
e. Recipient share of unliquidated obligations			
f. Federal share of unliquidated obligations			
g. Total Federal share *(Sum of lines c and f)*			0.00
h. Total Federal funds authorized for this funding period			
i. Unobligated balance of Federal funds *(Line h minus line g)*			0.00

11. 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

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

13. Certification: **I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**	
Typed or Printed Name and Title	Telephone (Area code, number and extension)
Signature of Authorized Certifying Official	Date Report Submitted
	August 17, 2005

NSN 7540-01-218-4387 269-202 Standard Form 269A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

FINANCIAL STATUS REPORT

(Short Form)

Public reporting burden for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0038), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award. You may also contact the Federal agency directly.

Item	Entry	Item	Entry

1, 2 and 3. Self-explanatory.

4. Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service.

5. Space reserved for an account number or other identifying number assigned by the recipient.

6. Check *yes* only if this is the last report for the period shown in item 8.

7. *Self-explanatory.*

8. Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."

9. Self-explanatory.

10. The purpose of columns I, II, and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column III of the previous report in *the same funding period*. If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation.

10a. Enter total program outlays less any rebates, refunds, or other credits. For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subrecipients. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.

10b. Self-explanatory.

10c. Self-explanatory.

10d. Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors.

Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded.

Do not include any amounts on line 10d that have been included on lines 10a, b, or c.

On the final report, line 10d must be zero.

10e. f, g, h, h and i. Self-explanatory.

11a. Self-explanatory.

11b. Enter the indirect cost rate in effect during the reporting period.

11c. Enter the amount of the base against which the rate was applied.

11d. Enter the total amount of indirect costs charged during the report period.

11e. Enter the Federal share of the amount in 11d.

Note: If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

*U. S. Government Printing Office: 1993 - 342-197/81289

SF-269A (Rev. 7-97) Back

(RESERVED)

SAMPLE COPY OF FORM FNS-101

FORM APPROVED OMB NO. 0584-0025

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

PARTICIPATION IN FOOD PROGRAMS - BY RACE

FNS Instruction 113-1

According to the Paperwork Reduction Act of 1995, no persons are 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 0584-0025. 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 of information.

1. STATE ITC	2. PROGRAM ("X" one only). Use separate form for each program).	3. NAME OF PROJECT AREA AND PROJECT AREA CODE	4. NAME & ADDRESS OF REPORTING WELFARE AGENCY OR DISTRIBUTING AGENCY
5. REPORTING YEAR July _____	☐ FOOD STAMP ☐ FDPIR		

	BLACK (Not of Hispanic Origin)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN NATIVE	WHITE (Not of Hispanic Origin)	TOTAL (See Note Below)
6. NO. OF HOUSEHOLDS PARTICIPATING BY RACE						0

NOTE: Total number of participating households should agree with the data reported on the respective monthly report (July) submitted for the Food Stamp Program (Form FNS-388A) or the Food Distribution Program on Indian Reservations (Form FNS-152).

7. REMARKS

DATE	TITLE	SIGNATURE

FORM FNS-101 (9-95) Previous editions obsolete
Electronic Form Version Designed in JetForm 5.01

ORIGINAL - FNS Regional Office

No further monies or other benefits may be paid out under these programs unless this report is completed and filed as authorized by existing law (Title VI of the Civil Rights Act of 1964).

INSTRUCTIONS

This report will be prepared annually covering the month of July.

REPORTING UNITS - Send the original and one copy to reach the State Agency as soon as possible, but no later than the 20th of August.

STATE AGENCIES AND INDIAN TRIBAL ORGANIZATIONS (ITOs) - shall determine that reports have been received from all reporting units. The original copy shall be forwarded to the appropriate FNS Regional Office to reach that office as soon as possible, but no later than the 19th of September.

REGIONAL OFFICES - shall determine that reports have been received from all State Agencies, Indian Tribal Organizations, and reporting units. *The regional office shall enter all local agency information into FSPIIS and SNPIIS databases by the 20th of November.*

Items 1 thru 5 and 7 - self explanatory.

Item 6 - Report the number of households that participated (received coupons or commodities) during July for each racial group.

FORM FNS-101 (9-95) (Reverse)

(RESERVED)

SAMPLE COPY OF FORM FNS-152

FORM APPROVED OMB NO. 0584-0293

U.S. DEPARTMENT OF AGRICULTURE
FOOD AND CONSUMER SERVICE

MONTHLY DISTRIBUTION OF DONATED FOODS TO FAMILY UNITS

Public reporting burden for this collection of information is estimated to average 2.5 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, AG Box 7630, Washington, D.C. 20250.

1. HOUSEHOLDS CERTIFIED	3. NUMBER OF PARTICIPANTS	5. NAME OF SDA/ITO	6. DA CODE
2. HOUSEHOLDS PARTICIPATING	4. STATE		7. REPORT MONTH

LINE NO.	8. USDA COMMODITY			9. RECEIPTS				10. WITHDRAWALS					11. INVENTORY			
	COMMODITY (8a)	CODE (8b)	REPORTING UNIT (8c)	AMOUNT ON HAND FIRST OF MONTH (9a)	AMOUNT RECEIVED (9b)	AMOUNT REDONATED IN (9c)	TOTAL AMOUNT AVAILABLE DURING MONTH (9a) + (9b) + (9c) = (9d)	AMOUNT ISSUED (10a)	AMOUNT REDONATED OUT (10b)	AMOUNT USED FOR NUTRITION EDUCATION (10c)	FOOD LOSS (10d)	TOTAL WITHDRAWALS (10a) + (10b) (10c) + (10d) = (10e)	BOOK INVENTORY END OF MONTH (9d)-(10e)= (11a)	PHYSICAL INVENTORY END OF MONTH (11b)	ADJUSTMENTS POSITIVE/ NEGATIVE 11A -/+ 11B = (11c)	
1	BEANS GREEN 300	A059	#300 can													1
2	BEANS GREEN 303	A060	#303 can													2
3	BEANS VEG. 300	A090	#300 can													3
4	CARROTS	A095	#303 can													4
5	CARROTS 300	A098	#300 can													5
6	CORN KERNEL 300	A119	#300 can													6
7	CORN CREAM	A120	#303 can													7
8	CORN KERNEL	A121	#303 can													8
9	CORN CREAM 300	A122	#300 can													9
10																10
11																11
12	LENTILS	A135	2# pkg.													12
13	PEAS 300	A144	#300 can													13
14	PEAS 303	A145	#303 can													14
15	PUMPKIN	A163	#303 can													15
16	PUMPKIN 300	A164	#300 can													16

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I certify that this report is true and correct to the best of my knowledge and belief. ▶ | 12. SIGNATURE OF APPROVING OFFICIAL | 13. TITLE | 14. DATE

REMARKS

FORM APPROVED OMB NO. 0584-0293

SDA/ITO | DA CODE | REPORT MONTH

LINE NO.	8. USDA COMMODITY			9. RECEIPTS				10. WITHDRAWALS					11. INVENTORY			LINE NO.
	COMMODITY (8a)	CODE (8b)	REPORTING UNIT (8c)	AMOUNT ON HAND FIRST OF MONTH (9a)	AMOUNT RECEIVED (9b)	AMOUNT REDONATED IN (9c)	TOTAL AMOUNT AVAILABLE DURING MONTH (9a) + (9b) + (9c) = (9d)	AMOUNT ISSUED (10a)	AMOUNT REDONATED OUT (10b)	AMOUNT USED FOR NUTRITION EDUCATION (10c)	FOOD LOSS (10d)	TOTAL WITHDRAWALS (10a) + (10b) (10c) + (10d) = (10e)	BOOK INVENTORY END OF MONTH (9d)-(10e)= (11a)	PHYSICAL INVENTORY END OF MONTH (11b)	ADJUSTMENTS POSITIVE NEGATIVE 11A -/+ 11B =C (11c)	
17	SPINACH	A166	24/#303 can													17
18	SPINACH 300	A167	24/#300 can													18
19	POTATOES 303	A169	24/#300-303													19
20	POTATOES SLC 300	A170	24/#300 can													20
21	POTATOES DEHY 12	A196	12/1 # pkg													21
22																22
23	SWT POTATOES 303	A221	24/#303 can													23
24	SWT POTATOES 300	A223	24/#300 can													24
25	TOMATOES 300	A240	24/#300 can													25
26	TOM SAUCE 300	A244	24/#300-303													26
27	TOMATOES 303	A248	24/#303 can													27
28	SYRUP P	A251	12/24 oz													28
29	SYRUP P 12/24	A258	12/24 oz													29
30																30
31	GRAPEFRUIT J	A280	12/46 oz													31
32	APPLE J	A282	12/46 oz													32
33	GRAPE J	A285	12/46 oz													33
34	PINEAPPLE J	A286	12/46 oz													34
35	TOMATO J	A290	12/46 oz													35
36	ORANGE J	A300	12/46 oz													36
37																37
38	APPLESAUCE 303	A355	24/#303 can													38
39	F COCKTAIL 303	A401	24/#303 can													39
40	F COCKTAIL 300	A403	24/#300 can													40
41	PEACHES CLG 300	A411	24/#300 can													41
42	PEACHES CLG 303	A412	24/#303 can													42
43																43
44																44

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FORM FCS-152 (8-98) Previous editions obsolete. Electronic Form Version Designed in E-Form 2.5 Version

FORM APPROVED OMB NO. 0584-0293

SDA/ITO | DA CODE | REPORT MONTH

LINE NO.	8. USDA COMMODITY			9. RECEIPTS				10. WITHDRAWALS					11. INVENTORY			LINE NO.
	COMMODITY (8a)	CODE (8b)	REPORTING UNIT (8c)	AMOUNT ON HAND FIRST OF MONTH (9a)	AMOUNT RECEIVED (9b)	AMOUNT REDONATED IN (9c)	TOTAL AMOUNT AVAILABLE DURING MONTH (9a) + (9b) + (9c) = (9d)	AMOUNT ISSUED (10a)	AMOUNT REDONATED OUT (10b)	AMOUNT USED FOR NUTRITION EDUCATION (10c)	FOOD LOSS (10d)	TOTAL WITH-DRAWALS (10a) + (10b) (10c) + (10d) = (10e)	BOOK INVENTORY END OF MONTH (9d)-(10e)= (11a)	PHYSICAL INVENTORY END OF MONTH (11b)	ADJUST-MENTS POSITIVE/ NEGATIVE (11A -/+ 11B +) (11c)	
45	PEARS 300	A437	24/#300 can													45
46	PEARS 303	A439	24/#303 can													46
47	PINEAPPLE 2	A446	24/#2 can													47
48	PLUMS 303	A461	24/#303 can													48
49																49
50																50
51																51
52	FIGS 24	A476	24/1 lb.													52
53	PRUNES 1	A480	24/1 lb.													53
54	PRUNES 24	A489	24/1 lb.													54
55																55
56																56
57	RAISINS 48	A502	48/#1 can													57
58																58
59																59
60	CARROTS 5	F111	10/5 lb.													60
61	CARROTS 1	F113	48/1 lb.													61
62	ONIONS 3	F120	16/3 lb.													62
63	POTATOES RUS BIN	F130	200/5 lb.													63
64	POTATOES RUS 5	F131	8/5 lb.													64
65	POTATOES RED	F140	16/3 lb.													65
66	SQUASH YEL	F151	1/24 lb.													66
67	TURNIPS 3	F171	16/3 lb.													67
68	APPLES FRESH	F511	8/5 lb.													68
69	GRAPEFRUIT 5	F521	8/5 lb.													69
70	ORANGE FRESH	F530	8/5 lb.													70
71																71
72																72

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FORM APPROVED OMB NO. 0584-0293

SDA/ITO | DA CODE | REPORT MONTH

LINE NO.	8. USDA COMMODITY			9. RECEIPTS				10. WITHDRAWALS					11. INVENTORY			LINE NO.
	COMMODITY (8a)	CODE (8b)	REPORTING UNIT (8c)	AMOUNT ON HAND FIRST OF MONTH (9a)	AMOUNT RECEIVED (9b)	AMOUNT REDONATED IN (9c)	TOTAL AMOUNT AVAILABLE DURING MONTH (9a) + (9b) + (9c) = (9d)	AMOUNT ISSUED (10a)	AMOUNT REDONATED OUT (10b)	AMOUNT USED FOR NUTRITION EDUCATION (10c)	FOOD LOSS (10d)	TOTAL WITH-DRAWALS (10a) + (10b) (10c) + (10d) = (10e)	BOOK INVENTORY END OF MONTH (9d)-(10e)= (11a)	PHYSICAL INVENTORY END OF MONTH (11b)	ADJUST-MENTS POSITIVE/ NEGATIVE (11A -/+ 11C =) (11c)	
73	CHICKEN CND	A562	24/29 oz.													73
74	EGG MIX 6	A570	48/6 oz.													74
75	STEW CND	A587	24/24 oz.													75
76	STEW 24/15	A589	24/15 oz.													76
77	BEEF 1	A598	36/#1													77
78	BEEF NJ	A610	24/29 oz.													78
79	LUNCHMEAT P 24	A617	24/30 oz.													79
80	PORK NJ	A630	24/29 oz.													80
81	TUNA 12.5	A740	24/12.5 oz.													81
82	TUNA 12.25	A741	24/12.25 oz.													82
83	SALMON PINK	A800	48/14.75 oz.													83
84	SALMON 24	A803	24/14.75 oz.													84
85																85
86	BEANS DK R KIDNEY	A906	12/#2													86
87	BEANS BLKEYE 2	A910	12/#2													87
88	BEANS B LIMA 2	A912	12/#2													88
89	BEANS PINTO 2	A914	12/#2													89
90	BEANS R KIDNEY 2	A915	12/#2													90
91	BEANS GRT NORTH 2	A917	12/#2													91
92	BEANS NAVY PEA 2	A918	12/#2													92
93	BEANS LT KIDNEY 2	A920	12/#2													93
94	PEAS SPLIT 2	A922	12/#2													94
95																95
96	BUTTER 36	B050	36/1 lb.													96
97	CHEESE 30	B060	6/5 lb.													97
98																98
99	EVAP 12	B081	48/12 fl oz.													99
100	INSTANT 24	B090	6/4 lb.													100

SPECIMEN

FORM APPROVED OMB NO. 0584-0293

SDA/IFO | DA CODE | REPORT MONTH

LINE NO.	8. USDA COMMODITY			9. RECEIPTS				10. WITHDRAWALS					11. INVENTORY			LINE NO.
	COMMODITY (8a)	CODE (8b)	REPORTING UNIT (8c)	AMOUNT ON HAND FIRST OF MONTH (9a)	AMOUNT RECEIVED (9b)	AMOUNT REDONATED IN (9c)	TOTAL AMOUNT AVAILABLE DURING MONTH (9a) + (9b) + (9c) = (9d)	AMOUNT ISSUED (10a)	AMOUNT REDONATED OUT (10b)	AMOUNT USED FOR NUTRITION EDUCATION (10c)	FOOD LOSS (10d)	TOTAL WITH-DRAWALS (10a) + (10b) (10c) + (10d) = (10e)	BOOK INVENTORY END OF MONTH (9d)-(10e)= (11a)	PHYSICAL INVENTORY END OF MONTH (11b)	ADJUST-MENTS POSITIVE/ NEGATIVE (11A -/+ 11B =) (11c)	
101	EVAP 24	B117	24/12 fl oz.													73
102	CORNMEAL 5 DEG	B137	10/5 lb.													74
103	CORNMEAL 8/5 DEG	B138	8/5 lb.													75
104	CORNMEAL 10 DEG	B141	5/10 lb.													76
105	CORNMEAL 40 DEG	B142	4/10 lb.													77
106																78
107	FORMULA PWDR 14.1	B158	24/14 oz.													79
108																80
109	FARINA	B160	24/14 oz.													81
110																82
111	CEREAL INFANT R8	B161	12/8 oz.													83
112	FORM SOY DRY 6/14	B162	6/14 oz.													84
113	FORMULA SOY 12	B163	12/13 fl oz.													85
114	FORMULA 12	B164	12/13 fl oz.													86
115	FORMULA	B165	24/13 fl oz.													87
116	FORMULA SOY	B166	24/13 fl oz.													88
117	FORMULA POWDER	B167	12/1 lb.													89
118	FORMULA POWDER 6	B168	6/1 lb.													90
119	FORM SOY PWDR 6	B169	6/1 lb.													91
120																92
121	FLOUR AP 5	B179	10/5 lb.													93
122	FLOUR AP 10	B180	5/10 lb.													94
123	FLOUR AP 10 UNBL	B181	5/10 lb.													95
124	FLOUR AP 8/5	B182	8/5 lb.													96
125	FLOUR AP 40	B183	4/10 lb.													97
126	FLOUR AP 40 UNBL	B188	4/10 lb.													98
127	FLOUR B 10	B230	5/10 lb.													99
128	FLOUR B 8/5	B232	8/5 lb.													100

SPECIMEN

FORM FCS-152 (8-98) Previous editions obsolete. Electronic Form Version Designed in E-Form 2.5 Version

FORM APPROVED OMB NO. 0584-0293

SDA/ITO | DA CODE | REPORT MONTH

LINE NO.	8. USDA COMMODITY			9. RECEIPTS				10. WITHDRAWALS					11. INVENTORY			LINE NO.
	COMMODITY (8a)	CODE (8b)	REPORTING UNIT (8c)	AMOUNT ON HAND FIRST OF MONTH (9a)	AMOUNT RECEIVED (9b)	AMOUNT REDONATED IN (9c)	TOTAL AMOUNT AVAILABLE DURING MONTH (9a) + (9b) + (9c) = (9d)	AMOUNT ISSUED (10a)	AMOUNT REDONATED OUT (10b)	AMOUNT USED FOR NUTRITION EDUCATION (10c)	FOOD LOSS (10d)	TOTAL WITHDRAWALS (10a) + (10b) (10c) + (10d) = (10e)	BOOK INVENTORY END OF MONTH (9d)-(10e)= (11a)	PHYSICAL INVENTORY END OF MONTH (11b)	ADJUSTMENTS POSITIVE/ NEGATIVE (11A -/+ 11B =) (11c)	
129	FLOUR B 40	B233	4/10 lb.													129
130	FLOUR WW 10	B350	5/10 lb.													130
131	FLOUR WW 40	B351	4/10 lb.													131
132	FLOUR MIX	B367	6/5 lb.													132
133	FLOUR MIX LOFAT	B368	6/5 lb.													133
134																134
135	GRITS CW 5	B381	10/5 lb.													135
136	GRITS CW 40	B382	8/5 lb.													136
137																137
138	HONEY 24	B403	24/24 oz.													138
139																139
140	MACARONI 1	B425	24/1 lb.													140
141	MAC N CHEESE	B436	12/26 oz.													141
142	OATS 3	B445	12/3 lb.													142
143	PB 2	B470	24/2 lb.													143
144	PB RDU-FAT 2	B471	24/2 lb.													144
145	CHUNKY RDU-FAT 2	B488	24/2 lb.													145
146	ROASTED 12	B501	24/12 oz.													146
147	RICE 2	B510	24/2 lb.													147
148																148
149	VEG OIL 48	B666	8/48 oz.													149
150	SHORT S	B720	12/3 lb.													150
151	SPAGHETTI 2	B835	12/2 lb.													151
152																152
153	CER CORN RTE 17.5	B847	14/17.5 oz.													153
154	CEREAL RICE 15	B848	12/15 oz.													154
155	CEREAL CORN 18	B849	12/18 oz.													155
156	CEREAL OATS 16	B851	14/16 oz.													156

SPECIMEN

SDA/110

FORM APPROVED OMB NO. 0584-0293

DA CODE

REPORT MONTH

LINE NO.	8. USDA COMMODITY			9. RECEIPTS				10. WITHDRAWALS					11. INVENTORY			LINE NO.
	COMMODITY (8a)	CODE (8b)	REPORTING UNIT (8c)	AMOUNT ON HAND FIRST OF MONTH (9a)	AMOUNT RECEIVED (9b)	AMOUNT REDONATED IN (9c)	TOTAL AMOUNT AVAILABLE DURING MONTH (9a) + (9b) + (9c) = (9d)	AMOUNT ISSUED (10a)	AMOUNT REDONATED OUT (10b)	AMOUNT USED FOR NUTRITION EDUCATION (10c)	FOOD LOSS (10d)	TOTAL WITHDRAWALS (10a) + (10b) + (10c) + (10d) = (10e)	BOOK INVENTORY END OF MONTH (9d-(10e)= (11a)	PHYSICAL INVENTORY END OF MONTH (11b)	ADJUSTMENTS POSITIVE/ NEGATIVE (11A -/+ 11B =) (11c)	
157	CEREAL CORN 17.5	B852	12/17.5 oz.													157
158	CEREAL OATS 15.5	B854	12/15.5 oz.													158
159	CEREAL OATS	B860	24/15 oz.													159
160	CEREAL OATS 16	B861	12/16 oz.													160
161	CEREAL RICE 12	B866	12/13 oz.													161
162	CEREAL RICE 17.5	B867	12/17.5 oz.													162
163	CER RICE RTE 17.5	B868	14/17.5 oz.													163
164	CEREAL WHEAT 16	B871	12/16 oz.													164
165	CER WHEAT RTE 16	B872	14/16 oz.													165
166																166
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FORM FCS-152 (7-96) Previous editions obsolete.

Electronic Form Version Designed in E-Form 2.5 Version

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FCS-152 INSTRUCTIONS

SUBMISSION: Forward the original of this document to the appropriate Food and Consumer Service (FCS) office no later than 30 calendar days following the last day of the month being reported. SDAs do not complete items 1, 2, 3; or Column 10c. SDAs are those facilities which hold FDPIR inventory but do not issue commodities to program participants.

ITEM

1. Number of Households Certified. Enter the number of households (not individual persons) which have been certified eligible to receive commodities from this Distribution Center during the report month.

2. Number of Households Participating. Enter the total number of households (not individual persons) which actually received commodities from this Distribution Center during the report month.

3. Number of Participants. Enter the total number of persons in households which actually received commodities from this Distribution Center during the report month.

4. State. Enter the name of the State in which the SDA or ITO is located.

5. Name of State Distributing Agency (SDA) or Indian Tribal Organization (ITO). Enter the name of the SDA or the reporting ITO acting as the SDA.

6. Distributing Agency Code. Enter the 4 digit SNPIIS code for the reporting SDA or ITO.

7. Report for the Month of. Enter the month and year for which data is reported.

COLUMNS

(8a) (8b) & (8c) Preprinted.

All commodities being reported must agree with the commodity title and commodity code as preprinted on the form. If a specific commodity is not preprinted, it must be written in along with the correct commodity short title, commodity code and reporting unit (e.g., #300 can, 16 oz. box, 2 lb. bag). Blank spaces are provided for this purpose. For all commodities, report the number of individual units, such as bags, boxes, cans, foils, etc., not the number of containers in which multiple units are packed.

(9a) Amount on hand first of month. This amount must be the same as the previous month's "Physical Inventory end of month (11b)." Include all foods held in storage by the SDA or reporting ITO.

(9b) Amount received. Indicate in this column the quantity of individual units received in good condition from USDA during the month.

(9c) Amount redonated in. Indicate the quantity of individual units redonated from another SDA, program or ITO.

(9d) Total amount available during month. Enter the total of columns: (9a) amount on hand first of month, (9b) amount received, and (9c) amount redonated out.

(10a) Amount issued. ITOs enter the total number of commodity units actually issued to and accepted by participants during the report month as specified below. This figure should exclude (1) those commodities not accepted by the participant at the time of food pick-up, and (2) any commodities returned to the ITO by participants during the report month. If a participant has refused a commodity at pick-up, it should not be considered issued. SDAs enter commodity units delivered to ITOs for distribution to program participants.

(10b) Amount redonated out. When a commodity is redonated to another SDA, program or ITO, indicate the amount redonated.

(10c) Amount used for nutrition education. When a commodity is used for food demonstrations or taste testing as part of the SDA's or ITO's nutrition education program, indicate the amount (in units) used for this purpose.

(10d) Food loss. Provide the appropriate explanation code for all lost food. Enter the number of commodities that are actual food losses. These would include foods that: (A) after consignee receipt were found to have concealed damage (B) were damaged in the warehouse or during transit from the State warehouse to the local site; (C) were found to be out of condition or unfit for human consumption; or (D) were known to have been stolen or lost due to fraud, misuse or embezzlement. Additional details may be provided in the REMARKS section. (Attach additional pages if necessary)

(10e) Total withdrawals. Enter the total of columns: (10a) issued to participants, (10b) redonated out, (10c) used for nutrition program, and (10d) lost.

(11a) Book inventory end of month. Column (9d) minus Column (10e).

(11b) Physical inventory end of month. Report total number of individual units for each commodity which a physical inventory determines to be in warehouse.

(11c) Inventory Adjustments - Positive/Negative. Column (11a) minus/plus equal Column (11c).

12. Signature. The approving official signs the form here to certify that a physical inventory was taken and that the report is true and accurate.

13. Title. Enter the approving official's title.

14. Date. Enter the date the report is signed.