

WIC FINANCIAL MANAGEMENT AND PARTICIPATION REPORT			Page 2	
TRANSACTION	Remember to Enter a Minus SIGN (-) for Negative Numbers	COST CATEGORY		
		(A) FOOD	(B) NSA	(C) TOTAL
29. Formula Grant		295,205,275.00	206,636,053.00	501,841,328.00
30. Prior Year Spending Options:				
a. Spendforward from Prior Year			14,662,614.85	14,662,614.85
b. Backspend to Prior Year				0.00
31. Subtotal (29 plus 30)		295,205,275.00	221,298,667.85	516,503,942.85
32. Annual Net Federal Cost		237,466,191.43	194,231,219.81	431,697,411.24
33. Balance Before Application of Prepayment Vendor Collections (31 minus 32)		57,739,083.57	27,067,448.04	84,806,531.61
34. Prepayment Vendor Collections Applied to NSA		(495,082.36)	495,082.36	0.00
35. Balance Before Conversion (33 plus 34)		57,244,001.21	27,562,530.40	84,806,531.61
36. Conversion:				
a. Food to NSA				0.00
b. NSA to Food		31,971.67	(31,971.67)	0.00
37. Balance After Conversion (35 plus 36)		57,275,972.88	27,530,558.73	84,806,531.61
38. Current Year Spending Options:				
a. Spendforward to Following Year			(15,550,322.20)	(15,550,322.20)
b. Backspend from Following Year				0.00
39. Results of Report Year Program Operations (37 plus 38)		57,275,972.88	11,980,236.53	69,256,209.41
40. Preliminary Recoveries/Cash Transfers				
a. Preliminary Recoveries		(57,275,973.00)	(7,246,176.00)	(64,522,149.00)
b. Cash Transfers In (Out)				0.00
c. Total Recoveries/Cash Transfers		(57,275,973.00)	(7,246,176.00)	(64,522,149.00)
41. Federal Funds to be Recovered (Restored) (39 plus 40c)		(0.12)	4,734,060.53	4,734,060.41
Explanatory Notes:				
42. Funds Spent for Breast Pumps		1,191,173.44		1,191,173.44
43. Average Migrant Participation (July - June)				988
Remarks:				
Medicaid Reimbursements:		31,145,110.30		
IAPD Expenditures:		14,309,185.87		
HHSC is Public Assistance Agency and it does not have Indirect Rate Plan, therefore, there is no Indirect Rate associated with the Indirect Cost. HHSC is using Public Assistance Cost Allocation Plan (PACAP) to identify, measure, and allocate costs incurred in support of the program.				
Certification:		Typed Name and Title of Certifying Officer		
I certify to the best of my knowledge and belief that the report is correct and that all outlays and unliquidated obligations are for the purposes set forth in the award document.		Edgar Curtis, Director		
		Signature		
		Telephone Number		
		512-341-4504		
STAMP/CERTIFY DATE				LAST UPDATED ON

U.S. DEPARTMENT OF AGRICULTURE - Food and Nutrition Service
ADDENDUM TO WIC FINANCIAL MANAGEMENT AND PARTICIPATION REPORT - NSA EXPENDITURES

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 0584-0045. The time required to complete this information collection is estimated to average 1.7 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

1. STATE AGENCY NAME Health and Human Services Commission 4900 N Lamar Blvd, Austin, Texas 78751	2. 7-DIGIT CODE 4892901	3. PERIOD COVERED FROM 10/1/2017
	4. FISCAL YEAR 2018	TO 9/30/2018

STATE LEVEL EXPENDITURES					LOCAL LEVEL EXPENDITURES				
5. FUNCTIONS/ ACTIVITIES	01 Gen'l Admin.	02 Client Services	03 Nutrition Education	04 Breast Feeding	05 Gen'l Admin.	06 Client Services	07 Nutrition Education	08 Breast Feeding	09 Total
a. Total Federal Outlays	\$36,292,731	\$137,087	\$3,035,051	\$1,955,022	\$40,912,094	\$66,701,072	\$32,236,839	\$13,007,509	\$194,277,405
b. Total State Outlays (Optional)									

6. Indirect Expense a. Type of Rate (Place an "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Fixed	b. Rate:	Signature of Certifying Official	
	c. Base SE: Total direct costs excluding capital expenditures of \$5,000 or more, WIC food costs and 90% of sub-recipient grant contracts costs.	Name and Title Edgar Curtis, Section Director, Nutrition Services Section	
	d. Amount \$3,414,018	Date Report Submitted	Telephone Number (include Area Code) 512-341-4504

Remarks:
 HHSC is Public Assistance Agency and it does not have Indirect rate plan, therefore there is no Indirect Rate associate with Indirect cost.
 HHSC is using Public Assistance Cost Allocation Plan (PACAP) to identify, measure, and allocate costs incurred in support of the program.
 as 05/10/2019