

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			14,662,615.00	14,662,615.00
b. Backspend to Prior Year				0.00
31. Subtotal (29 plus 30)		295,205,275.00	221,298,668.00	516,503,943.00
32. Annual Net Federal Cost		237,434,220.38	211,231,678.67	448,665,899.05
33. Balance Before Application of Prepayment Vendor Collections (31 minus 32)		57,771,054.62	10,066,989.33	67,838,043.95
34. Prepayment Vendor Collections Applied to NSA				0.00
35. Balance Before Conversion (33 plus 34)		57,771,054.62	10,066,989.33	67,838,043.95
36. Conversion:				
a. Food to NSA				0.00
b. NSA to Food				0.00
37. Balance After Conversion (35 plus 36)		57,771,054.62	10,066,989.33	67,838,043.95
38. Current Year Spending Options:				
a. Spendforward to Following Year			(10,066,989.33)	(10,066,989.33)
b. Backspend from Following Year				0.00
39. Results of Report Year Program Operations (37 plus 38)		57,771,054.62	(0.00)	57,771,054.62
40. Preliminary Recoveries/Cash Transfers				
a. Preliminary Recoveries				0.00
b. Cash Transfers In (Out)				0.00
c. Total Recoveries/Cash Transfers		0.00	0.00	0.00
41. Federal Funds to be Recovered (Restored) (39 plus 40c)		57,771,054.62	(0.00)	57,771,054.62
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: 12,806,948.00				
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		
STAMP/CERTIFY DATE		512-341-4504		
				LAST UPDATED ON