## U. S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE WIC FINANCIAL MANAGEMENT AND PARTICIPATION REPORT

WIC FINANCIAL MANAGEMENT AND PARTICIPATION REPORT 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 collection is estimated to average 3.1 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. STATE TEXAS FISCAL YEAR REPORT MONTH/CALENDAR YEAR LOC 4871 DATE SUBMITTED FY2019 Dec 2019 SEVEN DIGIT CODE DATE SIGNED DATE RECEIVED IN R/O LATEST REPORT MONTH AND REVISION MONTHLY REPORT 4892901 X ANNUAL CLOSEOUT REPORT FINAL ANNUAL CLOSEOUT REPORT Food Obligation Estimates October November December January **February** March April Mav June July **August** September YTD Total 34,848,208.87 Adjusted Gross Obligations 35,778,850,5 34.986.857.2 36,794,272,24 34.049.950.00 34,728,258,8 34.540.958.0 35,309,583,81 37.043.371.30 37,096,022,49 35,955,723,82 36,590,578,44 427,722,635,68 **Estimated Rebates** 29.967.204.1 18.805.269.89 19.063.545.43 17.808.107.16 18.361.799.7 16.395.795.92 8.968.908.0 17.358.385.3 19.110.055.45 17.224.258.49 28.260.229.5 87.565.81 211.411.125.00 . Net Federal Obligations 17.730.726.8 16.366.459.06 26.340.675.8 15.738.153.42 36.503.012.63 5.811.646.3 16.181.587.3 16.241.842.84 18.145.162.14 19.684.985.93 19.871.764.00 7.695.494.2 216.311.510.68 **Actual Food Outlays** October November December **January February** March April June July September YTD Total 4. Gross Outlavs 38.070.421.02 37,424,126,55 37.367.276.09 37.543.300.54 36.610.172.29 36.542.216.98 37.185.011.51 37.872.437.32 37.341.054.69 38.823.820.69 38 359 652 45 39.013.390.67 452.152.880.80 Unliquidated Obligations 37,424,126.55 37.543.300.54 36,542,216.98 37.185.011.51 37,872,437.32 37.341.054.69 38.823.820.69 38.359.652.45 39.013.390.67 **Gross Outlays & Unlig.** 38,070,421.02 37.367.276.09 36.610.172.29 452,152,880.80 29.967.204.15 18.805.269.89 19.063.545.43 17.808.107.16 18.361.799.79 16.395.795.92 8.968.908.01 17.358.385.37 19.110.055.45 17.224.258.49 28,260,229,53 87.565.81 211.411.125.00 **Rebates Received Program Income Postpymt Vendor Collections** 45.24 1,353.68 586.12 588.94 2,957.09 102.72 5,633.79 233.28 454.00 196.08 511.37 354.57 215.42 374.03 771.26 109.88 10.123.15 230.14 10.Participant Collections 201.46 13.774.64 2.492.649.74 11.Other Credits 2.436.815.28 571,448,71 3.492.839.17 2.000.454.56 1.872.096.58 828,294.76 2.393.702.76 2.422.582.09 24.410.836.69 2.291.291.97 1.880.972.75 1.727.688.32 19,684,985.93 36,503,012.63 12.Net Federal Outlays & Unlig. 5,811,646.38 16,181,587.38 17,730,726.81 16,241,842.84 16,366,459.06 18,145,162.14 26,340,675.80 15,738,153.42 19,871,764.00 7.695.494.29 216.311.510.68 13.Month Closed Out (Y/N) 14.Annual Net Federal Cost 16,241,842.84 26.340.675.80 36.503.012.63 5.811.646.38 16,181,587.38 17,730,726.81 16.366.459.06 18,145,162.14 19,684,985.93 15,738,153.42 19,871,764.00 7.695.494.29 216,311,510.68 Federal Participation October November December January **February** March April Mav June July August September YTD Total 15.a. Women Pregnant 59,434 55,904 52,850 53,518 52,987 55,106 57,214 59,200 60.597 62,450 62.386 60,874 692,520 b. Women Fully Breastfeeding 16.296 16.119 16.439 16.339 16.710 14.293 14.46 14.285 14,403 14.579 14.602 185.142 16.609 c. Women Partially Breastfeeding 77.810 76.172 75.371 75.453 74.831 74.979 77.554 78.500 79.240 80.563 81.590 82,239 934,308 35,881 34,47 33,817 33,572 d. Women Postpartum 37,614 37,694 37.860 37,195 35,202 33,724 34,394 429,541 38,113 191,467 186,485 182,034 183,270 181.352 182,67 184,263 186.649 187,939 191,140 192,127 192,109 2.241.511 e. Total Women 16.a. Infants Fully Breastfed 14,364 13,94 13,972 13,79 13,944 13,554 13,834 13,752 13,916 13,957 158,718 6,141 13,538 b. Infants Partially Breastfed 89,832 79,95 79,37 80,63 80,06 80,40 80,612 82,10 82,427 84,133 85,080 85,763 990,381 88.254 85.72 82.630 82.290 79.589 998.153 c. Infants Fully Formula-fed 86.84 85.199 83,472 81.82 81.070 81.124 80.138 d. Total Infants 184,227 181.158 179.043 179.809 177.331 176.976 176.456 177.765 177.03 179.009 179,134 179.309 2.147.252 332,250 322.877 310.055 317.503 17. Children 315.975 312.144 309,819 310.742 312,169 313.575 315.477 317.311 3,789,897 18. Total 707.944 690.520 677.052 675.223 668.738 669,471 671.461 676.583 678.549 685.626 688.764 688.729 8.178.660 Year-to-Date NSA Costs October November **December January February** March **April** Mav June July **August** September YTD Total 19. Gross Outlays 3,435,692,07 2.386.402.46 9.876.457.29 13.854.929.24 14.821.818.25 15.269.817.41 11.532.344.47 9.332.230.26 14.330.143.42 12.842.533.70 11.048.094.07 51.920.325.60 170.650.788.24 20. Unliquidated Obligations 33,492,216.78 21. Gross Outlays & Unliq. 204.143.005.02 27,382.28 59.09 2.000.00 3,420.75 1,036.00 839.62 2,810.00 5,304.01 2.372.76 49.330.59 22. Program Income 4,106.08 \_ 24. Participant Collections 25. Other Credits 26. Net Federal Outlays & Unlig. 204.093.674.43 27. Est. Future Month(s) Oblig. 204.093.674.43 28. Annual Net Federal Cost

	Remember to	COST CATEGORY				
TRANSACTION	Enter a Minus SIGN (-) for Negative Numbers	(A) FOOD	(B) NSA	(C) TOTAL		
9. Formula Grant		255,837,959.00	222,330,131.00	478,168,090.0		
0. Prior Year Spending (						
a. Spendforward from I			15,550,322.20	15,550,322.2		
b. Backspend to Prior `	/ear			0.0		
1. Subtotal (29 plus 30)		255,837,959.00	237,880,453.20	493,718,412.2		
2. Annual Net Federal Co		216,311,510.68	204,093,674.43	420,405,185.1		
3. Balance Before Applic						
Vendor Collections (3		39,526,448.32	33,786,778.77	73,313,227.0		
	ollections Applied to NSA	(502,877.79)	502,877.79	0.0		
5. Balance Before Conve	ersion (33 plus 34)	39,023,570.53	34,289,656.56	73,313,227.0		
6. Conversion:				0.0		
a.Food to NSA				0.0		
b.NSA to Food	: (05.1.00)	00 000 ==0 =0	04 000 050 50	0.0		
7. Balance After Convers		39,023,570.53	34,289,656.56	73,313,227.0		
8. Current Year Spending			(4.4.0.47.000.40)	(4.4.0.47.000.4		
a.Spendforward to Fol	3		(14,847,920.49)	(14,847,920.4		
b.Backspend from Fol				0.0		
9. Results of Report Yea	•	00 000 570 50	40 444 700 07	E0 40E 000 0		
Operations (37 plus 38		39,023,570.53	19,441,736.07	58,465,306.6		
0. Preliminary Recoverie		(22, 222, 222, 22)	(7.050.000.00)	(45,050,000,0		
a.Preliminary Recover		(38,000,000.00)	(7,652,288.00)	(45,652,288.0		
b.Cash Transfers In (C		(20,000,000,00)	(7.050.000.00)	0.0		
c.Total Recoveries/Ca		(38,000,000.00)	(7,652,288.00)	(45,652,288.0		
1. Federal Funds to be R (39 plus 40c)	ecovered (Restored)	1,023,570.53	11,789,448.07	12,813,018.6		
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xplanatory Notes:	at Dumana	1 561 402 66		4 564 402 6		
2. Funds Spent for Brea		1,561,493.66		1,561,493.6		
<mark>3. Average Migrant Part</mark> Remarks:	cipation (July - June)			80		
Medicaid Reimbursement	s: 24,410,836.69					
APD Expenditures:	\$953,822.20					
		Turned Name and Title of C	Double in a Office			
Certification:		Typed Name and Title of Certifying Officer Edgar Curtis, Director				
certify to the best of my knowledge and belief that the report s correct and that all outlays and unliquidated obligations are		Signature				
		Telephone Number				
or the purposes set forth	in the award document.	512-341-4504				

## 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,				2. 7-DIGIT CODE			3. PERIOD COVERED FROM 10/1/2019				
					2019		FROM				
				4. FISCAL YEAR							
Austin, Texas 78751				TO 12/31/2019							
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		
								ŭ			
a. Total Federal Outlays											
,	\$33,544,227	\$119,738	\$4,465,987	\$3,208,470	\$43,086,293	\$72,520,188	\$35,231,580	\$11,966,522	\$204,143,005		
b. Total State Outlays (Optional)											
6. Indirect Expense		b. Rate:			Signature of Cert	Signature of Certifying Official					
a. Type of Rate  c. Base SE: Total direct costs excluding capital expendence.				r canital expenditures of	of Name and Title						
(Place an "X" in appropriate box)  \$5,000 or more, WIC food costs and costs.											
Provisional d. Amount				Date Report Submitted			Telephone Number				
Predetermined \$3,873,6		\$3,873,609				512-341-4504					
Remarks:		<b>-</b>			<b>.</b>						
				there is no Indirect Rate associate and allocate costs incurred in sup							
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