							DOD AND NUTRITION PARTICIPATION RE							
According to the Paperwork Reduction A	at of 1005, no norm	one are required to rea	mand to a collection						mation collection is (584 0045				
The time required to complete this collect	tion is estimated to	average 3.1 hours per	response including	the time to review inst	ructions search exist	ing data resources	rine valid ONB control	ed and complete an	d review the information is u	1584-0045. Ition collection				
STATE TEXAS		LOC 4871		FISCAL YEAR			REPORT MONTH/CA	ALENDAR YEAR		DATE SUBMITTED				
			F		FY2022			Jan, 22						
SEVEN DIGIT CODE 4892901		DATE SIGNED		DATE RECEIVED IN R/O			LATEST REPORT MONTH AND REVISION			X MONTHLY REPORT				
									ANNUAL CLOSEOUT REPORT					
										FINAL ANNUA	L CLOSEOUT REPOR	रा		
Food Obligation Estimates	October	r November	December	January	February	March	April	May	June	July	August	September	YTD Total	
1. Adjusted Gross Obligations	35,959,603.78	39,195,578.21	36,366,656.56	40,657,919.94	39,999,689.00	40,179,237.00	34,896,355.00	35,183,982.00	35,825,792.00	36,404,247.00	36,917,597.00	37,436,397.00	449,023,054.49	
2. Estimated Rebates	25,671,650.30	9,556,946.17	16,326,175.64	18,260,835.19	16,905,841.87	16,960,304.55	16,905,841.87	16,878,705.08	16,987,441.34	17,069,040.82	17,123,503.50	17,177,871.64	205,824,157.96	
3. Net Federal Obligations	10,287,953.48	3 29,638,632.04	20,040,480.92	22,397,084.75	23,093,847.13	23,218,932.45	17,990,513.13	18,305,276.92	18,838,350.66	19,335,206.18	19,794,093.50	20,258,525.36	243,198,896.53	
Actual Food Outlays	October	r November	December	January	February	March	April	May	June	Julv	August	September	YTD Total	
4. Gross Outlays	39.098.476.64		43.527.011.97	37,373,658.98	- February	-	April -	way -	June -	July -	August -	September -	162.282.145.50	
5. Unliquidated Obligations	33,030,470.04	42,202,337.31	+3,327,011.97	37,373,000.90	-		-	-		-	-		102,202,145.50	
6. Gross Outlays & Unlig.	39,098,476.64	42.282.997.91	43.527.011.97	37.373.658.98	-	-		-	-	-	-	-	162.282.145.50	
7. Rebates Received	25.671.650.30	9.556.946.17	16,326,175.64	18.260.835.19	-					-			69.815.607.30	
8. Program Income	23,071,030.30	9,550,940.17	10,320,173.04	10,200,033.19	-	-	-	-	-	-	-	-	09,013,007.30	
9. Postpymt Vendor Collections	-	401.69	142.50		-	-				-	-	-	544.19	
10.Participant Collections	170.26		142.00	101.10	-		-	-		-		-	515.52	
11.Other Credits	3.138.702.60		2.976.595.33	2.781.710.58	-	-	-	-				-	11.983.907.36	
12.Net Federal Outlays & Unlig.	10,287,953.48		24.223.973.50	16.331.012.11	-		-	-					80.481.571.13	
13.Month Closed Out (Y/N)	Y	N	N	N	N	N	N	Ν	Ν	N	N	N	00,101,01110	
14.Annual Net Federal Cost	10,287,953.48		20,040,480.92	22,397,084.75	23,093,847.13	23,218,932.45		18,305,276.92	18,838,350.66	19,335,206.18	19,794,093.50	20,258,525.36	243,198,896.53	
Federal Participation	October		December	January	February	March	April	May	June	July	August	September	YTD Total	
15.a. Women Pregnant	57,534	56,675	54,987	55,558									224,754	
b. Women Fully Breastfeeding	13,363	13,532	13,497	13,885									54,277	
c. Women Partially Breastfeeding	81,179	81,446	81,362	81,871									325,858	
d. Women Postpartum	34,148		35,045	35,648									139,577	
e. Total Women	186,224		184,891	186,962	-		-	-	-	-	-	-	744,466	
16.a. Infants Fully Breastfed	12,800	13,053	13,074	13,322									52,249	
b. Infants Partially Breastfed	84,920	85,410	85,427	86,002			ļļ						341,759	
c. Infants Fully Formula-fed	72,259		71,804	72,446									288,724	
d. Total Infants	169,979	170,678	170,305	171,770	-	-	-	-	-	-	-	-	682,732	
17. Children	324,305	326,547	323,768	325,084				000 575	004.004	004.004	000 504	000 7 17	1,299,704	
18. Total	680,508	683,614	678,964	683,816	687,682	689,895	687,682	686,575	691,001	694,321	696,534	698,747	8,259,339	
Year-to-Date NSA Costs	October	November	December	January	February	March	April	May	June	July	August	September	YTD Total	
19. Gross Outlays	4,231,394.93	5,160,593.05	11,898,390.46	13,923,190.41	- 1	-	-	-	-	-	-	-	35,213,568.85	
20. Unliquidated Obligations													166,652,251.95	
21. Gross Outlays & Unliq.													201,865,820.80	
22. Program Income	-	5,402.61	-	-	-	-	-	-	-	-	-	-	5,402.61	
24. Participant Collections		┨────┤									├ ─────┤		-	
24. Participant Collections 25. Other Credits		<u> </u>		-							<u> </u>		-	
25. Other Credits 26. Net Federal Outlays & Unlig.													- 201.860.418.19	
26. Net Federal Outlays & Onliq. 27. Est. Future Month(s) Oblig.													38,752,745,66	
28. Annual Net Federal Cost	-		_		_	-			-	_			240,613,163.85	
AV. Annual Net l'ederal OUSt			-	-	-		-	-	-	-	-	-	240,010,103.03	

Remember to	COST CATEGORY					
Enter a Minus SIGN (-)	(A)	(B)	(C)			
TRANSACTION for Negative Numbers	FOOD	NSA	TOTAL			
29. Formula Grant	260,494,210.00	229,151,032.00	489,645,242.0			
30. Prior Year Spending Options:		,,	,			
a. Spendforward from Prior Year		11,462,131.85	11,462,131.8			
b. Backspend to Prior Year			0.0			
31. Subtotal (29 plus 30)	260,494,210.00	240,613,163.85	501,107,373.8			
32. Annual Net Federal Cost	243,198,896.53	240,613,163.85	483,812,060.3			
33. Balance Before Application of Prepayment						
Vendor Collections (31 minus 32)	17,295,313.47	0.00	17,295,313.4			
34. Prepayment Vendor Collections Applied to NSA			0.0			
35. Balance Before Conversion (33 plus 34)	17,295,313.47	0.00	17,295,313.4			
36. Conversion:			· · · ·			
a.Food to NSA			0.0			
b.NSA to Food			0.0			
37. Balance After Conversion (35 plus 36)	17,295,313.47	0.00	17,295,313.4			
38. Current Year Spending Options:			· · · ·			
a.Spendforward to Following Year			0.0			
b.Backspend from Following Year			0.0			
39. Results of Report Year Program						
Operations (37 plus 38)	17,295,313.47	0.00	17,295,313.4			
40. Preliminary Recoveries/Cash Transfers						
a.Preliminary Recoveries			0.0			
b.Cash Transfers In (Out)			0.0			
c.Total Recoveries/Cash Transfers	0.00	0.00	0.00			
41. Federal Funds to be Recovered (Restored)						
(39 plus 40c)	17,295,313.47	0.00	17,295,313.47			
Explanatory Notes:						
Explanatory Notes: 42. Funds Spent for Breast Pumps	588,732.67		588,732.6			
43. Average Migrant Participation (July - June)	000,102.01		000,702.01			
Remarks:						
Medicaid Reimbursements:	11,983,907.36					
IAPD Expenditures:	825,464.33					
ARPA	\$17,194,848.09					
Certification:		ed Name and Title of Certifying Officer				
I certify to the best of my knowledge and belief that the report	Edgar Curtis, Director Signature					
rectary to the best of my knowledge and belief that the report	Gigilature					
is correct and that all outlays and unliquidated obligations are	Telephone Number					
is correct and that all outlays and unliquidated obligations are for the purposes set forth in the award document.						
	Telephone Number 512-341-4504	-	LAST UPDATED (

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