



| WIC FINANCIAL MANAGEMENT AND PARTICIPATION REPORT   |   |                 |                | Page 2                 |
|---|---|-----------------|----------------|------------------------|
| TRANSACTION   | Remember to<br>Enter a Minus SIGN (-)<br>for Negative Numbers | COST CATEGORY   |                |                        |
|   |   | (A)<br>FOOD     | (B)<br>NSA     | (C)<br>TOTAL           |
| 29. Formula Grant   |   | 498,407,997.00  | 257,935,939.00 | 756,343,936.00         |
| 30. Prior Year Spending Options:  |   |                 |                |                        |
| a. Spendforward from Prior Year   |   |                 |                | 0.00                   |
| b. Backspend to Prior Year  |   |                 |                | 0.00                   |
| 31. Subtotal (29 plus 30)   |   | 498,407,997.00  | 257,935,939.00 | 756,343,936.00         |
| 32. Annual Net Federal Cost   |   | 556,535,556.05  | 257,935,939.00 | 814,471,495.05         |
| 33. Balance Before Application of Prepayment<br>Vendor Collections (31 minus 32)  |   | (58,127,559.05) | 0.00           | (58,127,559.05)        |
| 34. Prepayment Vendor Collections Applied to NSA  |   | 0.00            |                | 0.00                   |
| 35. Balance Before Conversion (33 plus 34)  |   | (58,127,559.05) | 0.00           | (58,127,559.05)        |
| 36. Conversion:   |   |                 |                |                        |
| a. Food to NSA  |   |                 |                | 0.00                   |
| b. NSA to Food  |   |                 |                | 0.00                   |
| 37. Balance After Conversion (35 plus 36)   |   | (58,127,559.05) | 0.00           | (58,127,559.05)        |
| 38. Current Year Spending Options:  |   |                 |                |                        |
| a. Spendforward to Following Year   |   |                 |                | 0.00                   |
| b. Backspend from Following Year  |   |                 |                | 0.00                   |
| 39. Results of Report Year Program<br>Operations (37 plus 38)   |   | (58,127,559.05) | 0.00           | (58,127,559.05)        |
| 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)<br>(39 plus 40c)   |   | (58,127,559.05) | 0.00           | (58,127,559.05)        |
| <b>Explanatory Notes:</b>   |   |                 |                |                        |
| 42. Funds Spent for Breast Pumps  |   | 0.00            |                | 0.00                   |
| 43. Average Migrant Participation (July - June)   |   |                 |                |                        |
| Remarks:  |   |                 |                |                        |
| Medicaid Reimbursements:  |   | \$ 7,595,117.66 |                |                        |
| IAPD Expenditures:  |   | \$ 91,091.54    |                |                        |
| Extra CVB Redeemed  |   | \$12,225,492.54 |                |                        |
| Total CVB Redeemed  |   | \$21,883,966.27 |                |                        |
| <b>Certification:</b>   | <b>Typed Name and Title of Certifying Officer</b>             |                 |                |                        |
| 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  |                 |                |                        |
|   | <b>Signature</b>  |                 |                |                        |
|   | <b>Telephone Number</b><br>512-341-4504                       |                 |                |                        |
| <b>STAMP/CERTIFY DATE</b>   |   |                 |                | <b>LAST UPDATED ON</b> |