FEDERAL FINANCIAL REPORT

(Follow form instructions)

Federal Agency and Organizational Element to Which Report is Submitted			Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)					of 1		
FOOD AND NUTRITION SERVICE, USDA				Letter of Credit No. 12-35					nagas	
3. Recipient C	Organization (Nar	ne and complete addres	s includina Zip code)						pages	
Tx Dept of Ag	•	, ,	3 ,							
1700 N. Cong Austin, Tx 78										
4a. DUNS Nu		4b. EIN	5. Recipient	5. Recipient Account Number or Identifying Number				6. Report Type 7. Basis of Accounting		
			(To report	multiple grants	, use FFR Attachme	ent) X Qu	arterly			
							mi-Annual			
80-678-0706 74-6027560			489110	4891101			□ Annual			
						□ Fi	nal	X Cash □	Accrual	
8. Project/Gra	ant Period		l			9. Reportir	g Period End [•		
From: (Month, Day, Year)			To: (Month, D	To: (Month, Day, Year)			(Month, Day, Year)			
3/1/2009			9/30/200	9/30/2009			09/302009			
10. Transac	tions							Cumulative		
(Use lines a-	c for single or m	ultiple grant reporting)								
Federal Cas	h (To report mu	Itiple grants, also use	FFR Attachment):							
a. Cash Receipts								\$1,2	55,525.30	
b. Cash Disbursements								\$1,2	55,525.30	
c. Cash on Hand (line a minus b)									\$0.00	
	o for single gran									
		nobligated Balance:					T			
d. Total Federal funds authorized									17,159.00	
e. Federal share of expenditures								\$1,255,525.30		
f. Federal share of unliquidated obligations g. Total Federal share (sum of lines e and f)							\$10,261,633.70 \$11,517,159.00			
h. Unobligated balance of Federal funds (line d minus g)								Ψ11,5	\$0.00	
Recipient S			9/				L		ψ0.00	
i. Total re	ecipient share req	uired							\$0.00	
j. Recipient share of expenditures							\$0.00			
		e to be provided (line i n	ninus j)						\$0.00	
Program Inc							1			
	deral program inc								\$0.00	
m. Program income expended in accordance with the deduction alternative n. Program income expended in accordance with the addition alternative									\$0.00	
		come (line I minus line m						-	\$0.00 \$0.00	
o. Onexpe	a. Type	b. Rate	c. Period Fror	m Period To	d. Base	e. Amount	Charged	f. Federal Share	φυ.υυ	
11. Indirect	u. Typo	b. Hato	0.1 01100 1101	11 11000 10	u. Baoo	o. Amount	Charged	1. I oderar Griare		
Expense										
				g. Totals:						
12. Remarks:	Attach any expl	anations deemed neces	sary or information red	quired by Feder	al sponsoring agend	cy in compliance w	ith governing le	gislation:		
13. Certificat	ion: By signing	this report, I certify th	at it is true. complet	e. and accurat	e to the best of mv	knowledge. I an	aware that			
		udulent information m		-	-	•		ection 1001)		
a. Typed or Printed Name and Title of Authorized Certifying Official c. Telepho							one (Area code, number and extension)			
Heather Griffith Peterson, Assistant Commissioner Financial Services d. Email 6							12) 463-3640			
							Email address			
							ather.Griffith.Peterson@TexasAgriculture.gov			
b. Signature of Authorized Certifying Official e. Date R								d (Month, Day, Yea	ır)	
							10/8/2009			
							14. Agency use only:			

Standard Form 425

OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, 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 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.