North Carolina Department of Health and Human Services
Division of Public Health
Women’s & Children’s Health Section
Special Nutrition Programs
Child and Adult Care Food Program

Preaward Compliance

Institution Name: ________________________________  Agreement #:__________

Prior to Program Agreement approval, provide the following information

1. Estimate data on the ethnic and racial makeup of the population to be served. Please enter the number of individuals, not the percentage of the population to be served.

Ethnicity:

______ Hispanic or Latino
______ Not Hispanic or Latino

Race:

______ American Indian or Alaskan Native
______ Asian
______ Black or African American
______ Native Hawaiian or Other Pacific Islander
______ White

2. Describe the efforts to be used to assure that minority populations have an equal opportunity to participate.

3. Describe efforts to be used to contact minority and grassroots organizations about the opportunity to participate.

4. List any Federal agencies currently providing financial support to the institution.

4a. Has the Institution ever been found to be in noncompliance by those Federal agencies?