

**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?