

**North Carolina Department of Health and Human Services  
Division of Public Health  
Women's & Children's Health Section  
Nutrition Services Branch  
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?