

**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**

1. Institution Name: \_\_\_\_\_ 2. Agreement #: \_\_\_\_\_

Prior to Program Agreement approval, provide the following information

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:**

3. \_\_\_\_\_ Hispanic or Latino  
4. \_\_\_\_\_ Not Hispanic or Latino

**Race:**

5. \_\_\_\_\_ American Indian or Alaskan Native  
6. \_\_\_\_\_ Asian  
7. \_\_\_\_\_ Black or African American  
8. \_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
9. \_\_\_\_\_ White

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

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

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

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

(Instructions on reverse side)

## Instructions for Completing the Preaward Compliance

1. **Institution Name:** Provide the Name of the Institution.
2. **Agreement Number:** Leave blank.
- 3-9.
  - The figures provide for numbers 3-9. You must provide whole numbers, not percentages.
  - The figures provided must represent the population the institution serves (children/adults) .
    - Example: If the institution is a child care center that enrolls infants and children, than the figures provided should reflect 0-12 year olds.
    - Example: If the institution is an adult day care center that enrolls adults ages 18-100, that the figures provided should reflect adults ages 18-100.
  - The population you serve could be, but not limited to your county or city/town.
  - The figures provided should NOT represent the enrollment of your institution.
  - The required figures can be obtained by going to [www.epodunk.com](http://www.epodunk.com) or [www.census.gov](http://www.census.gov).
    - **Ethnicity:**
      - Do not add any other categories to this section.
      - The total figures in the ethnic category must not be greater than the total figures in the race category.
    - **Race:**
      - Do not add any other categories to this section.
      - Only provide information for the races which are provided.
      - The total figures in the race category must be greater or equal to the total figures in the ethnic category.
10. How does the institution assure that the minority populations have an equal opportunity to participate with the institution?
11. What actions or efforts are used by the institution to contact minority and grassroots organization about the opportunity to participate with the institution?
12. Provide a list of all federal agencies currently providing financial support to the institution..
13. Respond yes or no to the question.