

**South Carolina Department of Social Services
Child and Adult Care Food Program
ETHNIC RACIAL FORM**

Agreement No.: _____

Name of Sponsor: _____

Name of Center: _____

A. Indicate the area(s) in the state you serve: _____

Identify the total population of potentially eligible persons to participate in your center: _____
(This information can be obtained from sources such as census tract data, public school data, housing authority data, etc.)

Indicate your source of documentation: (This documentation must be maintained on file for review purposes.)

The total population data should be expressed in percentages:

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: _____ %

B. Total Center Enrollment: _____

The center data should be expressed in actual numbers:

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: _____

C. Describe efforts to be used to assure that minority population have equal opportunity to participate. (The response should address the enrollment policy for the center.)

D. Describe efforts to contact minority and grassroots organization about the opportunity to participate in the program.

E. List the name(s) of other Federal agencies providing assistance to your organization. Also state if you have been in noncompliance by these Federal agencies. If the center does not receive Federal assistance from any other agency, please indicate N/A.