

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

**RACIAL/ETHNIC GROUP PARTICIPATION  
COMMODITY SUPPLEMENTAL FOOD PROGRAM  
FNS INSTRUCTION 113-1**

1. STATE  2. STATE #  L/A#  NO OF SITES

3. REPORTING LOCAL AGENCY NAME   
 ADDRESS   
 CITY   
 STATE  ZIP CODE   
 TELEPHONE NUMBER

4. REPORTING YEAR APRIL

| <u>PARTICIPANTS FOR THE MONTH OF APRIL</u>                   |  | <u>COLUMN A</u>                               | <u>COLUMN B</u>  |
|--|--|---|--|
|  |  | TOTAL<br>NUMBER OF<br>PARTICIPANTS<br>BY RACE | NUMBER OF<br>HISPANIC OR<br>LATINO<br>PARTICIPANTS<br>REPORTED IN<br>COLUMN A<br>BY RACE |
| PARTICIPANTS<br>WHO MARKED<br><u>ONLY ONE</u><br><u>RACE</u> | 5. AMERICAN INDIAN OR ALASKA NATIVE          | <input type="text"/>                          | <input type="text"/>   |
|  | 6. ASIAN                                     | <input type="text"/>                          | <input type="text"/>   |
|  | 7. BLACK OR AFRICAN AMERICAN                 | <input type="text"/>                          | <input type="text"/>   |
|  | 8. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | <input type="text"/>                          | <input type="text"/>   |
|  | 9. WHITE                                     | <input type="text"/>                          | <input type="text"/>   |

|  |  |                      |                      |
|--|--|----------------------|----------------------|
| PARTICIPANTS<br>WHO MARKED<br><u>TWO RACES</u> | 10. AMERICAN INDIAN OR ALASKA NATIVE AND WHITE                     | <input type="text"/> | <input type="text"/> |
|  | 11. ASIAN AND WHITE  | <input type="text"/> | <input type="text"/> |
|  | 12. BLACK OR AFRICAN AMERICAN AND WHITE                            | <input type="text"/> | <input type="text"/> |
|  | 13. AMERICAN INDIAN OR ALASKA NATIVE AND BLACK OR AFRICAN AMERICAN | <input type="text"/> | <input type="text"/> |

|  |                      |                      |
|--|----------------------|----------------------|
| 14. BALANCE REPORTING MORE THAN ONE RACE | <input type="text"/> | <input type="text"/> |
| 15. TOTAL (ADD ITEMS 5 THRU 14)          | <input type="text"/> | <input type="text"/> |

16. REMARKS

|      |       |           |
|------|-------|-----------|
| DATE | TITLE | SIGNATURE |
|------|-------|-----------|

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## INSTRUCTIONS

This report will be prepared annually covering the month of April.

**LOCAL AGENCIES** - Must submit the data to the State agency by the due date established by the State.

**STATE AGENCIES** - Must determine that the data has been received from all local agencies. The data must be submitted to the appropriate FNS Regional Office by the 31st of July.

**FNS REGIONAL OFFICES** - Must determine that the data has been received from all State and local agencies. The FNS Regional Office must ensure that all data is posted into the Food Programs Reporting System database by the 19th of September.

Item 1. Self-explanatory.

Item 2. For the State agency, enter the seven-digit State agency code. For the local agency, enter the 10-digit identification number assigned by FNS. New local agencies must obtain an identification number from FNS. Enter the number (001 or more) of sites under each local agency's supervision.

Items 3, 4 and 16. Self-explanatory.

Items 5-15. Report for each racial group the number of participants who received program commodities in April. For purposes of this form, "Hispanic or Latino" is an ethnic group, not a race. In Column A, report the total number of participants by race, including individuals of Hispanic or Latino origin. In Column B, report only participants of Hispanic or Latino origin by race. The form is requesting separate counts for participants who chose only one race and those who chose more than one race.

For item 14, report the total number of participants who chose racial combinations that are *not included* in items 10 through 13.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0025. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.