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**Submission Studio**

**Form Name:** FNS-191 (12-08)  
**Form Description:** CSFP Racial/Ethnic Group Participation  
**Program:** Commodity Supplemental Food Program  
**State:** AR  
**Agency Code:** 0592901001 **Agency Name:** Mississippi County Arkansas Economic Opportunity  
**Program Time:** April 2018  
**Submission Type:** Annual **Revision:** 1  
**Submission Status:** New Submission

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**Racial/Ethnic Group Participation** Remarks

Racial/Ethnic Group Participation		
2. No. of Sites	<input type="text"/>	
Actual Number of Participants for the Month of April		
Participants who Marked only one Race	(A) Total Number of Participants by Race	(B) Number of Hispanic or Latino Participants Reported in Column A by Race
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 who Marked Two Races	(A) Total Number of Participants by Race	(B) Number of Hispanic or Latino Participants Reported in Column A by Race
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"/>

*Note: Total number of participants by race in item 15 column A should agree with the participants reported on the respective monthly report (April) submitted for the Commodity Supplemental Food Program (Form FNS-153).*