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Submission Studio

Form Name: FNS-101 (12-08)
Form Description: Participation in Food Programs-By Race
Program: Food Distribution Program on Indian Reservations
State: AZ
Agency Code: 0491501 **Agency Name:** AZ DEPT OF EDUCATION
Program Time: July 2018
Submission Type: Annual **Revision:** 0
Submission Status: New Submission

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Participation in Food Programs by Race Remarks

Participation in Food Programs by Race		
Household Contacts who Marked <u>only one</u> Race	TOTAL NUMBER OF HOUSEHOLD CONTACTS BY RACE	NUM. OF HISPANIC OR LATINO HOUSEHOLD CONTACTS IN COL. A BY RACE
6. American Indian or Alaska Native	<input type="text"/>	<input type="text"/>
7. Asian	<input type="text"/>	<input type="text"/>
8. Black or African American	<input type="text"/>	<input type="text"/>
9. Native Hawaiian or Other Pacific Islander	<input type="text"/>	<input type="text"/>
10. White	<input type="text"/>	<input type="text"/>
Household Contacts who Marked <u>Two Races</u>	TOTAL NUMBER OF HOUSEHOLD CONTACTS BY RACE	NUM. OF HISPANIC OR LATINO HOUSEHOLD CONTACTS IN COL. A BY RACE
11. American Indian or Alaska Native and White	<input type="text"/>	<input type="text"/>
12. Asian and White	<input type="text"/>	<input type="text"/>
13. Black or African American and White	<input type="text"/>	<input type="text"/>
14. American Indian or Alaska Native and Black or African American	<input type="text"/>	<input type="text"/>
15. Balance Reporting More Than One Race	<input type="text"/>	<input type="text"/>
16. Total (Add Items 6 thru 14)	<input type="text"/>	<input type="text"/>
		Remarks
17. Number of Hispanic or Latino with no race	<input type="text"/>	<input type="text"/>
17B. Adjusted Total for Hispanic or Latino including those with no race	<input type="text"/>	<input type="text"/>