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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

**Participation in Food Programs by Race**

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"/>
		<b>Remarks</b>
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"/>