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FORM APPROVED OMB. NO. 0584-0025
Expiration Date: 5/31/2012

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 _____

PARTICIPANTS FOR THE MONTH OF APRIL		COLUMN A TOTAL NUMBER OF PARTICIPANTS BY RACE	COLUMN B NUMBER OF HISPANIC OR LATINO PARTICIPANTS REPORTED IN COLUMN A BY RACE
PARTICIPANTS WHO MARKED ONLY ONE RACE	5. AMERICAN INDIAN OR ALASKA NATIVE		
	6. ASIAN		
	7. BLACK OR AFRICAN AMERICAN		
	8. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		
	9. WHITE		
PARTICIPANTS WHO MARKED TWO RACES	10. AMERICAN INDIAN OR ALASKA NATIVE AND WHITE		
	11. ASIAN AND WHITE		
	12. BLACK OR AFRICAN AMERICAN AND WHITE		
	13. AMERICAN INDIAN OR ALASKA NATIVE AND BLACK OR AFRICAN AMERICAN		
	14. BALANCE REPORTING MORE THAN ONE RACE		
	15. TOTAL (ADD ITEMS 5 THRU 14)		

16. REMARKS

DATE	TITLE	SIGNATURE

FORM FNS-191 (12/08) *Previous Editions are Obsolete*
Electronic Form Version Designed in Adobe 8.1 Version

SBU

No further monies or other benefits may be paid out under this program unless this report is completed and filed in accordance with Title VI of the Civil Rights Act of 1964 and USDA implementing regulations.

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.