**SPONSOR**: **SITE:**

All Child and Adult Care Food Program center sponsors must annually determine the number of potentially eligible participants by ethnic/racial category for the area served and submit this information with the application.

The traditional definition of **race and ethnicity** is related to biological and sociological factors respectively.

**Race** refers to a person's physical appearance from descent or heredity, such as skin color, eye color, [hair](http://www.diffen.com/difference/Fur_vs_Hair) color, etc.

**Ethnicity**, on the other hand, relates to cultural factors such as nationality, culture, ancestry, language and beliefs.

**INSTRUCTIONS**:

1. **Enrolled #** - the number of participants currently enrolled in the program. This data can be obtained from data provided on the Income Eligibility Forms or by visual identification.
2. **Enrolled %** - divide the number of enrolled participants in each group by the total number of participants enrolled.
3. **Service Area %** - data can be obtained from the Department of Administration, Employment and Population Statistics (EPS) website at: **http://factfinder.census.gov/faces/nav/jsf/pages/community\_facts.xhtml**. The Arizona Service Area statistics can be found in the box located in the upper-right corner and is available in Excel and PDF format for download. Select “Places” and locate your service area.

**NOTE:** For multiple counties and service areas you will need to complete a separate form for each service area. If the enrolled % and the service area % generally correspond then your enrollment reflects the composition of the geographic area.

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnic Categories** (Sociological) | **Enrolled**  **#** | **Enrolled %** | **Service Area %** |
| **Hispanic or Latino** (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.) |  |  |  |
| **Non-Hispanic or Non-Latino** (All others, Irish, French, German, etc.) |  |  |  |
| **Total** |  |  |  |
| **4.** Take the Total Enrolled # above (shaded) and break the # down by placing everyone into a Racial Category  Below. Ensure that the Total row above is the same amount as the Total row below and 1.B. of your Mgt Plan. | | | |
| **Racial Categories** (Biological) | **Enrolled**  **#** | **Enrolled %** | **Service Area %** |
| **White** |  |  |  |
| **Black or African American** |  |  |  |
| **American Indian or Alaskan Native** |  |  |  |
| **Asian** |  |  |  |
| **Native Hawaiian or Other Pacific Islander** |  |  |  |
| **Some Other Race** |  |  |  |
| **Two or More Races** |  |  |  |
| **Total** |  |  |  |

Data gathered for this report is confidential. ***PLEASE KEEP ON SITE FOR EVALUATION OR AUDIT.***

Sponsor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_

CACFP Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_