U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

PARTICIPATION IN FOOD PROGRAMS - BY RACE

FNS Instruction 113-1

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.

1. STATE/ITO	PROGRAM ("X" one only). Use separate form for each program).		3A. NAME OF PROJECT AREA			4. NAME & ADDRESS OF REPORTING WELFARE AGENCY OR DISTRIBUTING AGENCY			
5. REPORTING YEAR	FOOD STAMP		3B. F	PROJECT AREA COL	DE	1			
July	FDPIR								
	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN		BLACK OR AFRICAN AMER	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		WHITE	MORE THAN ONE RACE	TOTAL (See Note Below)
6. NO. OF HOUSEHOLD CONTACTS PARTICI PATING BY RACE									
7. NO. OF HISPANIC OR LATINO HH CONTACTS BY RACI	E								
NOTE: Total number of participating household contacts in item 6 should agree with the data reported on the respective monthly report (July) submitted for the Food Stamp Program (Form FNS-388A) or the Food Distribution Program on Indian Reservations (Form FNS-152).									
8. REMARKS									
DATE	TITLE					SIGNATU	JRE		

FORM FNS-101 (9-98) Previous edition obsolete

Electronic Form Version Designed in JetForm 5.01

ORIGINAL - FNS Regional Office

No further monies or other benefits may be paid out under these programs unless this report is completed and filed as authorized by existing law (Title VI of the Civil Rights Act of 1964.

INSTRUCTIONS

This report will be prepared annually covering the month of July.

REPORTING UNITS - Send the original and one copy to reach the State Agency as soon as possible, but no later than the 20th of August.

STATE AGENCIES AND INDIAN TRIBAL ORGANIZATIONS (ITOs) - shall determine that reports have been received from all reporting units. The original copy shall be forwarded to the appropriate FNS Regional Office to reach that office as soon as possible, but no later than the 19th of September.

REGIONAL OFFICES - shall determine that reports have been received from all State Agencies, Indian Tribal Organizations, and reporting units. *The regional office shall enter all local agency information into FSPIIS and SNPIIS databases by the 20th of November.*

Items 1 thru 5 and 8 - self explanatory.

Item 6 - A household contact is the person who completes the application or is interviewed. Report for only one household contact per participating household. Report for each racial group the number of household contacts that participated (received coupon benefits or commodities) during July and that selected one race. Report the number of household contacts that participated in July and that reported they are more than one race in the "More Than One Race" block.

Item 7 - Using the same racial categories from item 6, in item 7 blocks, report for each racial group the number of household (HH) contacts who participated in July who are Hispanic or Latino.

FORM FNS-101 (9-98) (Reverse)