



**Hawaii  
Child  
Nutrition  
Programs**

STATE OF HAWAII  
DEPARTMENT OF EDUCATION  
**HAWAII CHILD NUTRITION PROGRAMS**  
650 IWILEI ROAD, SUITE 270  
HONOLULU, HAWAII 96817  
PHONE: (808) 587-3600

AII HCNP PROGRAMS  
**FOR NEW SPONSORS  
PRE AWARD  
CIVIL RIGHTS REVIEW**

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Introduction

Child Nutrition Program benefits are available to organizations that provide nutrition services and do not discriminate on the basis of color, race, sex, age, disability or national origin. Please answer the following questions about your agency's nondiscrimination policies.

1. Indicate the name of your agency's Civil Rights Compliance Officer.
2. List the towns, neighborhoods or communities served by your organization.
3. List the ways you let your community know your nutrition services are open to all. For example, advertisements in newspapers, or posters in community locations.
4. Have any complaints or lawsuits been filed against your organization, or any facility under your administration, based on discrimination by color, race, sex, age, disability, or national origin within the last three years?  
Yes  
No  
If yes, explain:
5. Has any federal or state agency advised your organization, or any facility under your administration, that they were not in compliance with the Civil Rights Act of 1964 within the last three years?  
Yes  
No  
If yes, explain:

6. Has any federal or state agency denied assistance to your organization, or any facility under your administration, because of noncompliance with the Civil Rights Act of 1964 within the last three years?

Yes

No

If yes, explain:

7. Has a civil rights compliance review been conducted for your organization, or any facility under your administration, within the past two years?

Yes

No

If yes, explain:

8. What number of participants at your sites fall into each ethnic category? Enter the total count below.

HISPANIC OR LATINO- A person of Cuban, Mexican, Puerto Rican, South or Central South American, or other Spanish culture or origin, regardless of race.

Count:

NOT HISPANIC OR LATINO

Count:

9. How many participants attend the sites from each racial category? Enter the total count below.

AMERICAN INDIAN OR ALASKAN NATIVE- A person having origins in any of the original peoples of North or South America, and who maintains tribal affiliations or community attachment (includes Central America).

Count:

ASIAN - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent. This area includes China, Japan, Korea, India, and the Philippine Islands.

Count:

BLACK OR AFRICAN AMERICAN - A person having origins in any of the black racial groups of Africa.

Count:

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Count:

WHITE - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Count:

10. All agencies participating in the Child Nutrition Program (ie; NSLP, SFSP, CACFP) must publicize in their service areas the availability of the sponsor’s child nutrition program(s).

-The agency agrees to send the media release to the public media in each of your site’s service areas within 30 days of the approval of your application and annually thereafter.

-The agency understands all written material for public distribution that mention the USDA food program must contain a nondiscrimination statement.

-The agency is in compliance with civil rights requirements.

I acknowledge all of the above statements.

Check here if your agency does not issue a public release because of client confidentiality.

11. The agency agrees to comply with the Civil Rights Act of 1964, and the applicable program regulations such as [7 CFR 15 ; 7 CFR 210; 7 CFR 215; 7 CFR 220; 7 CFR 250; 2CFR 200; FNS Instruction 113-1 ].

I acknowledge the above statement.

12. The agency agrees to compile and maintain civil rights related records as required by FNS guidelines or directives.

I acknowledge the above statement.

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Date and Signature of Agency Official

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Print Name of Agency Official

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Agency Name (Please Print)