Oklahoma Home and Community Education Membership Equal Opportunity Plan

January 1, _____ - December 31, _____

County_____Extension Educator, FCS _____ (Signature)

OHCE Co. President _____ (Signature) OHCE Membership Chair _____ (Signature)

Current ethnic make-up of County OHCE Membership by percentage: _____% Hispanic/Latino, _____% Non-Hispanic/Latino
Current ethnic make-up of your county population by percentage: _____% Hispanic/Latino, _____% Non-Hispanic/Latino

Please enter the current racial make-up of your county OHCE membership and of your county using percentages.

	OHCE Membership %	County Population %
White		
Black/African American		
American Indian/Alaska Native		
Hawaiian/Pacific Islander		
Asian		
Other		

Goals for improvement:

1. _____
2. _____
3. _____

Action Plan

Date	Strategy	Method of Development	Documentation

Send to District office by December 1.