# CHILD AND ADULT FOOD PROGRAM
# PRE-AWARD CIVIL RIGHTS QUESTIONNAIRE

Agreement Number:  _____/_____/_____

This questionnaire must be submitted with all new applications for participation in federally assisted programs.  The questionnaire must be completed in full and signed by an authorized sponsor representative.  Failure to comply with this procedure can delay the processing of your Child and Adult Food Program application.

| | | | | | |
|---|---|---|---|---|---|
| **Name and Address of Sponsor:** | | | | | |
| **Telephone Number of Sponsor:** | | – | | – | |

## RACIAL/ETHNIC CATEGORIES:

**White**: (not of Hispanic origin)  A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black**: (not of Hispanic origin)  A person having origins in any of the black racial groups of Africa.

**Hispanic**: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

**American Indian or Alaskan Native**: A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos).

**Asian or Pacific Islander:**  A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.  For example, this would include China, Japan, Korea, the Philippine Islands, Samoa, etc.

1.  Indicate the method(s) used to recruit participants:

    ☐  Open Enrollment
    ☐  Applications
    ☐  Referrals (social service agency, court, etc.)

    ☐  Other (explain)

| | | YES | NO | N/A |
|---|---|---|---|---|
| 2. | Are the services and benefits of the agency offered to all without regard to race, color, national origin, disability, age, sex or retaliation? | ☐ | ☐ | |
| 3. | Is membership in any organization required as a prerequisite for admission into any program offered? | ☐ | ☐ | |
| | If yes: | | | |
| | a.  List the name of the organization: | | | |
| | _____ | | | |
| | b.  Is the organization open to all persons without regard to race, color, national origin, disability, age sex or retaliation? | ☐ | ☐ | ☐ |
| | c.  Does the organization have minority members? | ☐ | ☐ | ☐ |
| 4. | Have public announcements been made (through the media, e.g., newspapers, radio, television, etc.) indicating that the services and benefits of the agency are available to all persons regardless of race, color, national origin, disability, age, sex or retaliation? | ☐ | ☐ | |
| | a.  If yes, give date(s) when media were used and attach copies, for review, of any materials used by your agency for public notification purposes. | ☐ | ☐ | ☐ |
| | b.  If no, would your agency be willing to comply with the public notification requirement? | ☐ | ☐ | ☐ |
| 5. | Access: | | | |
| | a.  Does the present location of your facility deny access to any person on the basis of race, color, national origin, disability, age, sex or retaliation? | ☐ | ☐ | |
| | b.  Are there any plans to move the facility in the near future whereby any person would be denied access on the basis of race, color, national origin, disability, age, sex or retaliation? | ☐ | ☐ | |
| 6. | What racial composition does the area serviced by your agency most nearly represent: | | | |
| | ☐    All White | | | |
| | ☐    All Black | | | |
| | ☐    Racially Mixed | | | |
| 7. | Does your agency currently have minorities participating in any program offered? | ☐ | ☐ | |

| | | YES | NO | N/A |
|---|---|---|---|---|
| 8. | Give a breakdown, by racial/ethnic category, of all enrolled participants: | | | |

| TOTAL | White (Not Hispanic) | Black (Not Hispanic) | Hispanic | American Indian Or Alaskan | Asian or Pacific Islander |
|---|---|---|---|---|---|
| | | | | | |

| | | | | |
|---|---|---|---|---|
| 9. | Planning/Advisory Committee: | | | |
| | a.  Does your agency have a planning or advisory committee functioning as a part of the organization? | ☐ | ☐ | |

|  |  | YES | NO | N/A |
|---|---|---|---|---|
| b. | If yes, does this committee reasonably represent program participation by race, color, national origin, disability or sex or retaliation? | ☐ | ☐ | ☐ |
| c. | Give a breakdown, by racial/ethnic category, of this committee: | | | |

| TOTAL | White (Not Hispanic) | Black (Not Hispanic) | Hispanic | American Indian Or Alaskan | Asian or Pacific Islander |
|---|---|---|---|---|---|
|  |  |  |  |  |  |

**10. Employee Practices:**

|  |  | YES | NO | N/A |
|---|---|---|---|---|
| a. | Does your agency employ minority persons in its operation? | ☐ | ☐ | |
| b. | If no, would your agency be willing to hire minority persons? | ☐ | ☐ | ☐ |
| c. | Give a breakdown, by racial/ethnic category, of <u>all</u> employees: | | | |

| TOTAL | White (Not Hispanic) | Black (Not Hispanic) | Hispanic | American Indian Or Alaskan | Asian or Pacific Islander |
|---|---|---|---|---|---|
|  |  |  |  |  |  |

|  |  | YES | NO | N/A |
|---|---|---|---|---|
| 11. | Complaints/Lawsuits (federal programs only) | | | |
| a. | Has a complaint or civil rights lawsuit ever been filed against your agency? | ☐ | ☐ | ☐ |
| b. | If yes: | | | |
| 1) | Were the proper federal authorities notified? | ☐ | ☐ | ☐ |
| 2) | On a separate sheet, explain the nature of the complaint/lawsuit. | ☐ | ☐ | ☐ |
| 12. | Does your agency have a pending or approved application for federal assistance with another federal agency? | ☐ | ☐ | ☐ |
|  | If yes, list the name of the agency: _____ | | | |
| 13. | Noncompliance | | | |
| a. | Has your agency ever been found in noncompliance with any civil rights requirement? | ☐ | ☐ | ☐ |
| b. | If yes: | | | |
| 1) | List the name of the agency that found you in noncompliance: _____ | | | |
| 2) | On a separate sheet, explain the reasons for the noncompliance finding. | | | |
| 3) | Has corrective action been taken on the deficiency? | ☐ | ☐ | ☐ |

_____     _____

*Signature and Title of Authorized Sponsor Representative*                                    *Date*

**FOR CAFP USE ONLY**

☐ Approved          ☐ Disapproved

| | |
|---|---|
| | |
| **CAFP Reviewer** | **Date** |

tdwj/Pre-Award CR Quest 6-25-07