

APPENDIX 1

PRE-AWARD CIVIL RIGHTS QUESTIONNAIRE – THE EMERGENCY FOOD ASSISTANCE PROGRAM

Instructions

The following questionnaire must be submitted by all applicant agencies. The questionnaire must be answered in its entirety and signed by an authorized official prior to submission. Please be informed that failure to comply with this procedure may delay the application process.

Purpose

Civil rights laws and regulations ensure equal access to federally assisted programs regardless of a person's race, color, national origin, age, sex or disability. Organizations that apply for the opportunity to operate federally assisted programs must demonstrate their ability to comply with such civil rights laws and regulations *prior* to receiving approval to conduct the programs.

Questions

- 1. What method(s) will be used to recruit participants? (Some examples may include, but are not limited to, applications, open enrollment, referrals from social welfare, courts, etc.)**

- 2. Is the FNS nondiscrimination statement appropriately included in the agency's admissions requirements? Please provide a sample document.**

- 3. Provide examples of how the program will be publicly announced to all potential participants regardless of race, color, national origin, age, sex or disability. Attach copies of relevant brochures, news articles, bulletins, television and/or radio ads, etc. Include documentation of efforts to inform community organizations about the program, including copies of letters, lists of organizations contacted.**

- 4. Does the present location of the facility deny potential participants access to benefits on the basis of race, color, national origin, age, sex or disability?**

- 5. Using the following definitions of ethnicity and race, provide an estimate (in percentages) of the ethnic and racial makeup of the population to be served. This data can be obtained online at <http://quickfacts.census.gov/gfd>.**

Ethnicity

- *Hispanic or Latino.* A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”
- *Not Hispanic or Latino.*

Race

- *American Indian or Alaskan Native.* A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- *Asian.* A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- *Black or African American.* A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to ‘Black or African American.’
- *Native Hawaiian or Other Pacific Islander.* A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- *White.* A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Ethnicity

Hispanic or Latino	Not Hispanic or Latino

Race

American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White

6. Provide the ethnic and racial makeup of any planning or advisory committees.

Ethnicity

Hispanic or Latino	Not Hispanic or Latino

Race

American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White

7. How will the organization handle applicants and participants who do not speak English as their primary language and who have a limited ability to read, write or understand English?

8. Has there ever been a complaint or civil rights lawsuit filed against the organization? If so, explain the nature of the complaint, how it was resolved and how the proper Federal authorities were notified.

9. Has the organization ever been found out of compliance with civil rights requirements? If so, explain the area of noncompliance and how it was resolved.

10. Provide a brief description of any pending applications to other Federal agencies for assistance. Include a description of any Federal assistance being provided at the time of application.

Signature and Title of Authorized Official

Name of Agency

Agency Address

FOR STATE AGENCY USE ONLY

Date: _____

Approved () Disapproved ()

Reviewed by: _____