

**PRE-AWARD CIVIL RIGHTS QUESTIONNAIRE**

Applicant Name: \_\_\_\_\_

*This questionnaire must be completed and submitted by all potential new sponsors of any federally assisted program. Please be informed that failure to comply with this procedure can delay processing of your application. You are reminded that the questionnaire must be answered in its entirety and signed in **BLUE** ink by an authorized official before submitting it for review.*

<u>Questions</u>	<u>Yes</u>	<u>No</u>
1. Does the applicant offer its benefits and services to all without regard to race, color, national origin, sex, age or disability?	_____	_____
2. The applicant uses what method to recruit its participants? (Please check yes or no):		
Applications	_____	_____
Open Enrollment	_____	_____
Referrals (Social Welfare, Courts, etc.)	_____	_____
Other (Please explain):	_____	_____
_____		
_____		
_____		
3. Does the applicant require membership in any organization as a prerequisite for admission to its program(s)?	_____	_____
a. If the answer is yes to the above, is the organization open to all persons without regard to race, color, national origin, sex, age and disability?	_____	_____
b. What is the name of the organization?		
_____		
c. Does the organization have minority members?	_____	_____
4. Has the applicant announced publicly (through the media, radio, television, newspapers, leaflets, etc.) that the benefits offered are available to all without regard to race, color, national origin, sex, age or disability?	_____	_____
a. <u>Important:</u> If the answer is yes to the above, give date(s) when media were used and attach copies of any brochures, news articles, bulletins, etc., that are used by your agency for public notification purposes for our review.		
Dates: _____		
b. If the answer is no to the above, is the applicant willing to comply with the public notification requirements?	_____	_____
5. Does the present location of your facility deny access to persons on the basis of race, color, national origin, sex, age or disability?	_____	_____
6. Are there any plans presently to relocate your facility in the near future? If the answer is yes to the above, will relocating have an effect of denying free access to any person on the basis of race, color, national origin, sex, age or disability?	_____	_____
7. What racial composition does the area serviced by the applicant most nearly represent?		
All White	_____	_____
All Black	_____	_____
Racially Mixed	_____	_____
8. What is the approximate population of eligible persons to be serviced by race (eligible persons in this case means persons falling into the category or criteria used to select participants, e.g., age, low income, disabled, etc.)		
_____		
_____		

**Questions**

**Yes**

**No**

9. Does the applicant currently have minorities participating in this program?

\_\_\_\_\_

\_\_\_\_\_

If the answer to the above question is yes, please give a breakdown of enrollment by race:

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

Ethnic identities:

Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_ TOTAL \_\_\_\_\_

**RACIAL/ ETHNIC CATEGORIES:**

Black or African American: (Not of Hispanic origin). A person having origins in any black racial groups of Africa.

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

Asian or Pacific Islanders: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent, or the Pacific Islands. This area includes (for example) China, Japan, Korea, the Philippine Islands, Guam and Samoa.

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

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

10. Does the applicant have a planning or advisory committee functioning as an integral part of the organization?

\_\_\_\_\_

\_\_\_\_\_

a. If the answer to the above question is yes, does this committee reasonably represent program participation by race, color, national origin, age, sex or disability?

\_\_\_\_\_

\_\_\_\_\_

b. Please give a breakdown of the advisory body by race:

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

Ethnic identities:

Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_ TOTAL \_\_\_\_\_

11. Does the applicant employ minority persons in this operation?

\_\_\_\_\_

\_\_\_\_\_

a. If the answer to the above question is yes, please provide data showing the number of all employees involved. Please give a breakdown by race:

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

Ethnic identities:

Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_ TOTAL \_\_\_\_\_

b. If the answer to the question is no, is the applicant willing to hire minorities?

\_\_\_\_\_

\_\_\_\_\_

If explanation is necessary, use this space:

\_\_\_\_\_  
\_\_\_\_\_

**Questions**

**Yes**

**No**

12. Has there ever been a complaint or a civil rights lawsuit filed against the applicant? (federal programs only)

\_\_\_\_\_

\_\_\_\_\_

a. If the answer is yes, did the applicant notify the proper federal authorities?

\_\_\_\_\_

\_\_\_\_\_

b. Please explain the nature of the complaint or lawsuit filed against your agency:

\_\_\_\_\_  
\_\_\_\_\_

13. Does the applicant have a pending or approved application for federal assistance with other federal agencies?

\_\_\_\_\_

\_\_\_\_\_

If yes, with whom?

\_\_\_\_\_

14. Has your organization ever been cited for a noncompliance with any civil rights requirements?

\_\_\_\_\_

\_\_\_\_\_

a. If the answer is yes, please indicate the agency that cited you for the noncompliance requirement?

\_\_\_\_\_  
\_\_\_\_\_

b. What was the reason for the noncompliance finding(s)?

\_\_\_\_\_  
\_\_\_\_\_

c. Has the deficiency been corrected?

\_\_\_\_\_

\_\_\_\_\_

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Submitted by: \_\_\_\_\_  
(Signature of Authorized Official)

Typed or Printed Name and Title of Signatory:  
\_\_\_\_\_

Typed or Printed Agency Name and Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Extension

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FOR PDE USE ONLY

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Reviewed by: \_\_\_\_\_  
(Signature)

Date Approved: \_\_\_\_\_

Date Disapproved: \_\_\_\_\_