

## Pre-Award Civil Rights Questionnaire - New Program Sponsors Only

This questionnaire must be completed for all new organizations for participation in the Child Nutrition Programs. The questionnaire must be answered in its entirety and signed by authorized officials, prior to the receipt of federal funds.

<b>School Food Authority:</b>	
<b>Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Phone Number:</b>	
<b>Fax:</b>	
<b>Email Address:</b>	

Indicate the number of students enrolled from each ethnic group and racial group. Next, indicate the enrolled percentage by dividing the number of enrolled students in each group by the total number of students enrolled. Finally, indicate the service area data from the United State Census Bureau website at <https://www.census.gov/quickfacts/fact/table/US/PST045219>.

<b>Ethnic Categories</b>	<b>Enrolled #</b>	<b>Enrolled %</b>	<b>Service Area %</b>
Hispanic or Latino			
Not-Hispanic or Latino			

**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".

<b>Racial Categories</b>	<b>Enrolled #</b>	<b>Enrolled %</b>	<b>Service Area %</b>
American Indian or Alaska Native			
Asian			
Black or African American			
Native Hawaiian or Other Pacific Islander			
White			



**American Indian or Alaska 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" 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.

1. Does the organization offer its benefits to all without regard to race, color, national origin, sex, age, or disability?  Yes  No If "No", explain below.

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2. How will the organization ensure that minority populations have an equal opportunity to participate?

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3. What method is used by the organization to recruit participants? (Please check the appropriate box(es)):

- Applications
- Open Enrollment
- Referrals (Social Welfare, Courts, Etc.)
- Other (Please explain)

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4. What attempts have been used by your organization to contact minority and grassroots organizations about the opportunity to participate?

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5. List other government agencies providing financial support to your organization:

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6. Has your organization ever been found to be in Civil Rights non-compliance with any of the government agencies listed in question 5?  Yes If "Yes", explain below and indicate if violation has been resolved.  No  N/A

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7. Are there membership requirements as a prerequisite for admission?  Yes If "Yes", explain below.  No

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8. Has the organization announced publicly that the benefits offered are available to all without regard to race, color, national origin, sex, age, or disability?  Yes If "Yes", indicate date and method below.  No If "No", indicate plan to complete this requirement.

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9. Organizations that fail to provide services to Limited English Proficiency (LEP) potentially eligible persons, applicants, and participants, or deny them access to federally assisted programs and activities, may be discriminating on the basis of national origin. What steps will be taken by the applying organization to assure LEP persons receive access to the information and services provided?

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10. Are there any policies, practices, or architectural barriers that limit or deny persons with disabilities from participating in or being employed by the program?  Yes If "Yes", explain below.  No

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11. Are there any policies or practices that result in different treatment of participants, applicants, or employees with disabilities?  Yes If "Yes", explain below.  No

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## Signatures

Sponsor Representative Name: \_\_\_\_\_

Sponsor Representative Signature: \_\_\_\_\_

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

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### Vermont Agency of Education Child Nutrition Programs Use Only:

VTAOE Child Nutrition Programs Representative Name: \_\_\_\_\_

VTAOE Child Nutrition Programs Representative Signature: \_\_\_\_\_

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

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