



**Signature
Required**

Agreement Number: _____

Sponsor Name: _____

**DELAWARE DEPARTMENT OF EDUCATION
Child and Adult Care Food Program (CACFP)**

Pre-Award Civil Rights Questionnaire

This questionnaire, properly filled out, must be submitted with all new applications for participation in federally assisted programs. 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 entirety and signed 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 to all without regard to race, color, national origin, gender, age or disability?	<input type="checkbox"/>	<input type="checkbox"/>
2. What method is used by the applicant to recruit its participants? <i>[Please check the appropriate box (es)]</i>		
Applications-----	<input type="checkbox"/>	<input type="checkbox"/>
Open Enrollment-----	<input type="checkbox"/>	<input type="checkbox"/>
Referrals (Social, Welfare, Courts, etc.)-----	<input type="checkbox"/>	<input type="checkbox"/>
Other (please explain below)-----	<input type="checkbox"/>	<input type="checkbox"/>

3. Does the applicant require membership in any organization as a prerequisite for admission to its program(s)?	<input type="checkbox"/>	<input type="checkbox"/>
a. If the answer is yes to the above, is the organization open to all persons without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital and family status?	<input type="checkbox"/>	<input type="checkbox"/>
b. What is the name of the organization?		

- c. Does the organization have minority members?
Yes **No**
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, gender, age or disability?
- a. Important: If the answer is **yes** to the above, give date(s) when media were used and attach copies of any press releases, news articles, brochures, bulletins, etc. that are used by your agency for public notification purposes for our review.

Date (s)	Media Source

- b. If the answer is no to the above, is the applicant willing to comply with the public notification requirement?
5. Does the present location of your facility deny access to persons on the basis of race, color, national origin, gender, age, or disability?
6. Are there any plans at the present time to relocate your facility in the near future?
- a. If the answer is **yes** to the above, will relocating have effect of denying access to any person on the basis of race, color, national origin, gender, age, or disability?
7. What ethnic and racial composition does the area serviced by the applicant most nearly represent?

ETHNIC Categories	Percent (%)
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."	
Non-Hispanic or Latino	
RACIAL Categories	Percent (%)
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 recognition.	
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.	

8. What is the approximate percent of the 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.)? _____

9. Does the applicant currently have minorities participating in its programs? Yes No

a. If the answer to the above is **yes**, please give a breakdown of enrollment by ethnicity and race:

ETHNIC Categories	Number of Enrolled
Hispanic or Latino.	
Non-Hispanic or Latino	
RACIAL Categories	Number of Enrolled
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

10. Does the applicant have a planning or advisory committee functioning as an integral part of the organization? Yes No

a. If the answer to the above question is yes, does this committee reasonably represent program participation by race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital and family status?

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

ETHNIC Categories	Number
Hispanic or Latino.	
Non-Hispanic or Latino	
RACIAL Categories	Number
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

Yes **No**

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

a. If the answer to the above question is yes, please provide data showing the number of all employees involved broken down by ethnicity and race.

ETHNIC Categories	Number
Hispanic or Latino.	
Non-Hispanic or Latino	
RACIAL Categories	Number
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

Yes **No**

b. If the answer to the question is no, is the applicant willing to hire minorities? If explanation is necessary, use this space:

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

a. If the answer is yes, did 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?

a. If yes, with whom? _____

Yes **No**

14. Has your organization ever been found in non-compliance with any civil rights requirement?

a. If the answer is yes, please indicate the agency that found you to be in non-compliance.

b. What was the reason for the non-compliance finding(s)?

c. Has the deficiency been corrected?

Signature and Title of Authorized Official	
Name of Agency	
Address of Agency	

DOE ONLY: Reviewed/Approved by: _____ Date: _____
