

Florida Department of State
Minority Appointment Reporting Form for Calendar Year 2016

(Section 760.80, Florida Statutes – Form due NLT December 1, 2017)

Appointing Authority:* _____

Contact Person: _____ **Address:** _____

Phone: _____ **City/State/Zip:** _____

Entity (Name of Board, Commission, Council, or Committee): _____

Does this entity have multiple appointing authorities? Yes No

The entity's total membership as of 12/31/16, regardless of appointing authority: _____
 (Note: This figure is the denominator to be used in calculating percentages below; the numerator for calculating the percentages is the number in the second column, *i.e.*, "Total membership as of 12/31/16".)

| Race | Appointed by Authority* in 2016, only | Total Race Membership as of 12/31/16 | % | Gender | Appointed by Authority* in 2016, only | Total Gender Membership as of 12/31/16 | % |
|-------------------|---------------------------------------|--------------------------------------|-------|---------------------|---------------------------------------|--|-------|
| African-American | _____ | _____ | _____ | Male | _____ | _____ | _____ |
| Asian-American | _____ | _____ | _____ | Female | _____ | _____ | _____ |
| Hispanic-American | _____ | _____ | _____ | Not Known | _____ | _____ | _____ |
| Native-American | _____ | _____ | _____ | Total | _____ | _____ | _____ |
| Caucasian | _____ | _____ | _____ | Disability | Appointed by Authority* in 2016, only | Total Disability Membership as of 12/31/16 | % |
| Not Known | _____ | _____ | _____ | | | | |
| Total | _____ | _____ | _____ | Physically Disabled | _____ | _____ | _____ |

***Figures are to reflect appointments made only by this Appointing Authority. Please complete all sections.**

Entity (Name of Board, Commission, Council, or Committee): _____

Does this entity have multiple appointing authorities? Yes No

The entity's total membership as of 12/31/16, regardless of appointing authority: _____
 (Note: This figure is the denominator to be used in calculating percentages below; the numerator for calculating the percentages is the number in the second column, *i.e.*, "Total membership as of 12/31/16".)

| Race | Appointed by Authority* in 2016, only | Total Race Membership as of 12/31/16 | % | Gender | Appointed by Authority* in 2016, only | Total Gender Membership as of 12/31/16 | % |
|-------------------|---------------------------------------|--------------------------------------|-------|---------------------|---------------------------------------|--|-------|
| African-American | _____ | _____ | _____ | Male | _____ | _____ | _____ |
| Asian-American | _____ | _____ | _____ | Female | _____ | _____ | _____ |
| Hispanic-American | _____ | _____ | _____ | Not Known | _____ | _____ | _____ |
| Native-American | _____ | _____ | _____ | Total | _____ | _____ | _____ |
| Caucasian | _____ | _____ | _____ | Disability | Appointed by Authority* in 2016, only | Total Disability Membership as of 12/31/16 | % |
| Not Known | _____ | _____ | _____ | | | | |
| Total | _____ | _____ | _____ | Physically Disabled | _____ | _____ | _____ |

***Figures are to reflect appointments made only by this Appointing Authority. Please complete all sections.**

Return to: Department of State, The R. A. Gray Building, Room 316, 500 South Bronough Street, Tallahassee, FL 32399-0250