

Florida Department of State Minority Appointment Reporting Form for Calendar Year 2018

(Section 760.80, Florida Statutes – Form due NLT December 1, 2019)

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 12/31/18, 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 12/31/18".)

Race	Appointed by Authority* in 2018, only	Total Race Membership as of 12/31/18	%	Gender	Appointed by Authority* in 2018, only	Total Gender Membership as of 12/31/18	%
African-American	_____	_____	_____	Male	_____	_____	_____
Asian-American	_____	_____	_____	Female	_____	_____	_____
Hispanic-American	_____	_____	_____	Not Known	_____	_____	_____
Native-American	_____	_____	_____	Total	_____	_____	_____
Caucasian	_____	_____	_____	Disability	Appointed by Authority* in 2018, only	Total Disability Membership as of 12/31/18	%
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 12/31/18, 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 12/31/18".)

Race	Appointed by Authority* in 2018, only	Total Race Membership as of 12/31/18	%	Gender	Appointed by Authority* in 2018, only	Total Gender Membership as of 12/31/18	%
African-American	_____	_____	_____	Male	_____	_____	_____
Asian-American	_____	_____	_____	Female	_____	_____	_____
Hispanic-American	_____	_____	_____	Not Known	_____	_____	_____
Native-American	_____	_____	_____	Total	_____	_____	_____
Caucasian	_____	_____	_____	Disability	Appointed by Authority* in 2018, only	Total Disability Membership as of 12/31/18	%
Not Known	_____	_____	_____				
Total	_____	_____	_____	Physically Disabled	_____	_____	_____

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