

Florida Department of State
Minority Appointment Reporting Form for Calendar Year 2019

(Section 760.80, Florida Statutes – Form due NLT December 1, 2020)

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 12/31/19, 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 12/31/19".)

Race	Appointed by Authority* in 2019, only	Total Race Membership as of 12/31/19	%	Gender	Appointed by Authority* in 2019, only	Total Gender Membership as of 12/31/19	%
African-American	_____	_____	_____	Male	_____	_____	_____
Asian-American	_____	_____	_____	Female	_____	_____	_____
Hispanic-American	_____	_____	_____	Not Known	_____	_____	_____
Native-American	_____	_____	_____	Total	_____	_____	_____
Caucasian	_____	_____	_____	Disability	Appointed by Authority* in 2019, only	Total Disability Membership as of 12/31/19	%
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 12/31/19, 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 12/31/19".)

Race	Appointed by Authority* in 2019, only	Total Race Membership as of 12/31/19	%	Gender	Appointed by Authority* in 2019, only	Total Gender Membership as of 12/31/19	%
African-American	_____	_____	_____	Male	_____	_____	_____
Asian-American	_____	_____	_____	Female	_____	_____	_____
Hispanic-American	_____	_____	_____	Not Known	_____	_____	_____
Native-American	_____	_____	_____	Total	_____	_____	_____
Caucasian	_____	_____	_____	Disability	Appointed by Authority* in 2019, only	Total Disability Membership as of 12/31/19	%
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