

Florida Department of State Minority Appointment Reporting Form for Calendar Year 2010

(Section 760.80, Florida Statutes – Form due NLT December 1, 2011)

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 composition as of 12/31/10, 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 12/31/10".)

Race	Appointed by Authority* in 2010, only	Total Membership as of 12/31/10	%	Gender	Appointed by Authority* in 2010, only	Total Membership as of 12/31/10	%
African-American	_____	_____	_____	Male	_____	_____	_____
Asian-American	_____	_____	_____	Female	_____	_____	_____
Hispanic-American	_____	_____	_____	Not Known	_____	_____	_____
Native-American	_____	_____	_____	Total	_____	_____	_____
Caucasian	_____	_____	_____	Appointed by Authority* in 2010, only Total Membership as of 12/31/10 %			
Not Known	_____	_____	_____	Physically Disabled	_____	_____	_____
Total	_____	_____	_____				

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

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

Does this entity have multiple appointing authorities? Yes No

The entity's total membership composition as of 12/31/10, 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 12/31/10".)

Race	Appointed by Authority* in 2010, only	Total Membership as of 12/31/10	%	Gender	Appointed by Authority* in 2010, only	Total Membership as of 12/31/10	%
African-American	_____	_____	_____	Male	_____	_____	_____
Asian-American	_____	_____	_____	Female	_____	_____	_____
Hispanic-American	_____	_____	_____	Not Known	_____	_____	_____
Native-American	_____	_____	_____	Total	_____	_____	_____
Caucasian	_____	_____	_____	Appointed by Authority* in 2010, only Total Membership as of 12/31/10 %			
Not Known	_____	_____	_____	Physically Disabled	_____	_____	_____
Total	_____	_____	_____				

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