

ATTACHMENT A
MINORITY STATUS / OTHER SOURCE OF FUNDS

NAME OF CORPORATION:

PRINCIPLE PLACE OF BUSINESS:

MINORITY STATUS _____ (A minority
(YES/NO) organization is defined as at least 51% of the
Board of Directors are racial/ethnic minority
or at least 51% of the professional staff are
racial/ethnic minority.)

OTHER SOURCES OF FEDERAL FUNDS			
Name of Fund Source	Grant Period		Amount
	From	To	
Total funds from other sources related to this program:			

DATE

SIGNATURE

NAME OF PERSON SIGNING (PRINT)

TITLE OF PERSON SIGNING