Guidance for completion of the Minority Impact Statement.

The #1 issue with completion of this form is the failure to provide a description.

There are only 2 choices, the program will have a positive impact or the program will not have an impact. Each choice requires a description of the impact. This information should be in your proposal. Did you Provide evidence of consultation of representatives of the minority groups impacted? When the form is completed, you certify with your signature and your job title.

Note: Iowa Code prohibits the funding of your proposal without this completed form. Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa which are due beginning January 1, 2009 shall include a Minority Impact Statement.

Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).

☐ The proposed grant project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

Describe the positive impact expected from this project:

Indicate which group is impacted:

___ Women
___ Persons with a Disability
___ Blacks
___ Latinos
___ Asians
___ Pacific Islanders
___ American Indians
___ Alaskan Native Americans
___ Other

Describe the positive impact expected from this project:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

☐ The proposed grant project programs or policies could have a disproportionate or unique **negative** impact on minority persons.

Describe the negative impact expected from this project:

______________________________________________________________________________

TIP: This does not mean no effect- it means adverse or harmful. A good 21st CCLC program would not want to provide any negative effects to children with their program.
Present the rationale for the existence of the proposed program or policy.

Provide evidence of consultation of representatives of the minority groups impacted.

Indicate which group is impacted:

__ Women
__ Persons with a Disability
__ Blacks
__ Latinos
__ Asians
__ Pacific Islanders
__ American Indians
__ Alaskan Native Americans
__ Other

☐ The proposed grant project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons.

Present the rationale for determining no impact.

________________________________________________________________________
________________________________________________________________________

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge: Name: ______________________
Title: ______________________

Sign your name and print your name and title below

**NOTE:** You may have a great proposal but if you do not provide this required form with your proposal we cannot fund your grant per Iowa Code. Please make sure you complete this form, provide ALL the information and submit it with your application. Thank You.