

REQUIRED FORM – ATTACHMENT C - STAFF/BOARD/VOLUNTEER DESCRIPTORS

Provider Name:

- State of Wisconsin Certifications:
- Minority Business Entity (MBE)
51% owned, controlled, and actively managed by minorities
 - Woman Owned Business Entity (WBE)
51% owned, controlled, and actively managed by women
 - Disabled Veteran Business (DVB)
51% owned, controlled, and actively managed by disabled veterans

Indicate by number and percentage the following characteristics for your Agency’s current staff and board. Report total number of volunteers.

Descriptor	Staff		Board	
	Number	Percent	Number	Percent
Total				
Gender				
Male				
Female				
Age				
Less than 18 Years				
18-59 Years				
60 and Older				
Race				
White				
Black or African-American				
American Indian and Alaskan Native				
Asian				
Native Hawaiian and Other Pacific Islander				
Some Other Race				
Two or More Races				
Ethnicity				
Hispanic or Latinx (of any race)				
Not Hispanic or Latinx				
Persons with Disabilities				
Volunteers				