

EXAMPLE

AAP-5

MEETING OR EVENT AFFIRMATIVE ACTION REPORT

Instructions: Extension faculty who are responsible for the event, training, seminar, workshop or activity should complete this report within five working days of activity and file in Affirmative Action file.

Name of meeting, activity or event: \_\_\_\_\_

Location of meeting, activity or event: \_\_\_\_\_

Date of meeting, activity or event: \_\_\_\_\_

Target Audience: Adult \_\_\_\_ Both \_\_\_\_ Youth

Participation by Ethnic Groups (numbers):

ADULT Participants:

- Male: White not of Hispanic Origin
Male: Black not of Hispanic Origin
Male: American Indian or Alaskan Native
Male: Hispanic
Male: Asian or Pacific Islander
Male: Undetermined/No Response
Female: White not of Hispanic Origin
Female: Black not of Hispanic Origin
Female: American Indian or Alaskan Native
Female: Hispanic
Female: Asian or Pacific Islander
Female: Undetermined/No Response
TOTAL Adults

YOUTH Participants:

- Male: White not of Hispanic Origin
Male: Black not of Hispanic Origin
Male: American Indian or Alaskan Native
Male: Hispanic
Male: Asian or Pacific Islander
Male: Undetermined/No Response
Female: White not of Hispanic Origin
Female: Black not of Hispanic Origin
Female: American Indian or Alaskan Native
Female: Hispanic
Female: Asian or Pacific Islander
Female: Undetermined/No Response
TOTAL Youth

Were all eligible youth/clients notified of activity or event? Yes \_\_\_\_ No \_\_\_\_

How were eligible youth/clients notified? \_\_\_\_\_

Is a list of participants available? Yes \_\_\_\_ No \_\_\_\_ If yes, attach copy of list.

If no, indicate how you arrived at participation numbers: \_\_\_\_\_

Number of Volunteers: \_\_\_\_\_ Number of Volunteer Hours: \_\_\_\_\_

CALS CE Program: \_\_\_\_\_
Enter the CALS Cooperative Extension program related to this funding, if applicable.

- CALS CE Signature Program Areas:
Water, Plants & Natural Resources
Food & Fiber Production Systems
Animal Production Systems
Youth Development
Leadership Development
Healthy Living - Nutrition, Physical Activity & Oral Health
Child and Family Development & Care Giving

Name of submitting Extension employee: \_\_\_\_\_

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