

Agency Demographics Form

FOR MAI PROPOSALS ONLY

Organization Name: _____

	TOTAL AGENCY						HIV/AIDS Direct Services					
	BOARD OF DIRECTORS		STAFF		UNDUPLICATED CLIENTS		STAFF		UNDUPLICATED CLIENTS		OTHER VOLUNTEERS	
	#	%	#	%	#	%	#	%	#	%	#	%
White, not Hispanic												
Black, not Hispanic												
Haitian												
Hispanic												
Asian/Pacific Islander												
American Indian/Alaska Native												
Not Specified												
TOTAL MINORITY												
TOTAL WHITE												
TOTAL WOMEN												
TOTAL MEN												
Gay/Lesbian/Bisexual*												
PWHIV/PWA*												

* Give the number of persons on our Board of Directors and HIV/AIDS program staff who openly self-identify as such