

# MINORITY IMPACT STATEMENT

**Please choose the statement(s) that pertains to the proposed resolution or ordinance to be heard by the Common Council. Complete all the information requested for the chosen statement(s).**

- The proposed grant project, development agreement, contract award, City action, penalty change or policy change could have a disproportionate or unique **positive** impact on minority persons.

Describe the positive impact expected from this project

Indicate which group is impacted:

- |   |   |
|---|---|
| <input type="checkbox"/> Women – who are victimized | <input type="checkbox"/> Pacific Islanders        |
| <input type="checkbox"/> Persons with a Disability  | <input type="checkbox"/> American Indians         |
| <input type="checkbox"/> Blacks                     | <input type="checkbox"/> Alaskan Native Americans |
| <input type="checkbox"/> Latinos                    | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> Asians                     |   |

- The proposed grant project, development agreement, contract award, City action, penalty change or policy change could have a disproportionate or unique **negative** impact on minority persons.

Describe the negative impact expected from this project.

Present the rationale for the existence of the proposed program or policy.

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

- |   |   |
|---|---|
| <input type="checkbox"/> Women – who are victimized | <input type="checkbox"/> Pacific Islanders        |
| <input type="checkbox"/> Persons with a Disability  | <input type="checkbox"/> American Indians         |
| <input type="checkbox"/> Blacks                     | <input type="checkbox"/> Alaskan Native Americans |
| <input type="checkbox"/> Latinos                    | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> Asians                     |   |

- The proposed grant project, development agreement, contract award, City action, penalty change or policy change are not expected to have a disproportionate or unique impact on minority persons.

Present the rationale for determining no impact in an **attachment** to this form.

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_