

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
NON-DISCRIMINATION/NON-SECTARIAN COMPLIANCE

AGENCY NAME: _____

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| a. According to the Certificate of Incorporation, are the organization's purposes sectarian? (For example, is the organization a corporation organized under the religious corporation law or a corporation which has a corporate purpose to serve a particular religious group or to promote the doctrine of a particular religion in general)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are any of the proposed services in your project sectarian in nature? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does the organization have as its goal the furthering of any sectarian purpose? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are the services to be provided by sectarian staff? (e.g. Clergy)? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are the services being delivered in a building owned by a sectarian organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Are services direct educational services in connection with a school? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Will the proposed services be provided on the basis of race, religion, color, national origin or sex? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. What is the target population of the organization? _____

_____ | | |
| i. What will your organization do if individuals who are not part of your target Population asks for services? _____

_____ | | |
| j. Will the organization serve, either through direct services or referrals, all who request assistance? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer(s) to any of the questions a - e or g are "yes", then justify why you should be funded below.

Organization Information

For statistical purposes, check yes or no for *each* of the following items as it relates to your organization.

- | | | | | | |
|-------------------------|------------------------------|-----------------------------|----------------------|------------------------------|-----------------------------|
| Non-Profit Organization | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Women-Owned Business | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Minority Business | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Municipality | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Small Business | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |