



Civil Rights Compliance Certification Form (for federally funded grants)

Agency Name:

Active DCJS Contract Number(s):

1. Has your agency participated and completed all six sessions of U.S. Department of Justice, Office for Civil Rights online trainings? (Training is required within the contract project period.)

Yes

No

Office for Civil Rights online training: http://www.ojp.usdoj.gov/about/ocr/assistance.htm

Guidance on who should complete the training: This training requirement is to further the intent and awareness of the various federal laws and regulations regarding compliance with Civil Rights, and it also demonstrates that programs are making efforts to inform staff and the clients they serve about these various protections. How a program decides to designate staff that needs to take this training is entirely up to them. Programs are encouraged to include the signatory and primary contact for each Department of Justice funded award along with the program managers/policy makers and the individual(s) in charge of hiring decisions for new staff. Programs may also choose to require this training of all federally funded staff.

Yes

Date Completed:

No

If no, please provide compliance plan.

2. Has your agency submitted an Equal Employment Opportunity (EEO) Certification Form and, if required, a Utilization Report to the U.S. Department of Justice, Office of Justice Programs Office for Civil Rights (OCR) as required in receipt of federal funds? [To determine Equal Employment Opportunity Plan (EEO) development and Utilization Report submission requirements, please refer to the table provided on the next page.]

Office for Civil Rights Reporting Tool: https://ojp.gov/about/ocr/eeop.htm

* To learn more about what a recipient of federal funding has to do to comply with the EEO requirement, go to: http://ojp.gov/about/ocr/faq_eeop.htm#2. If you have questions about using the EEO Reporting Tool to prepare and submit your EEO certification form and if required, create and submit an EEO utilization report, please contact the Office for Civil Rights, Office of Justice Programs, 810 7th Street, NW, Washington, DC 20531

Submitted an EEO Certification Form and Utilization Form if required to OCR on:

No, please provide plan of action to comply:

Here is a quick reference of recipients EEOP requirement:

If	Then	Does the recipient need to submit a Certification Form to OCR?	Does the recipient need to develop an EEOP?	Must the recipient submit an EEOP Utilization Report to OCR?
Recipient is a Medical or Educational Institution, Indian Tribe, or Nonprofit		YES	NO	NO
Largest individual grant received is less than \$25,000		YES	NO	NO
Recipient has less than 50 employees		YES	NO	NO
None of the above		YES	YES	YES

3. Notification of Nondiscrimination for Program Participant and Beneficiaries

- a. **VAWA-Funded Programs** – Please indicate how your agency notifies **program participants** and beneficiaries that it does not discriminate on the basis of actual or perceived race, color, religion, national origin, sex, gender identity (as defined in paragraph 249(c)(4) of title 18, United States Code), sexual orientation, or disability in the delivery of services.
- b. **Other federally-funded programs** – Please indicate how your agency notifies **program participants** and beneficiaries that it does not discriminate on the basis of race, color, national origin, religion, sex, disability, and age in the delivery of services (e.g. posters, inclusion in brochures or other program materials, etc.)?

Observations/Comments/Compliance Plan

4. Notification of Nondiscrimination for Program Employees

- a. **VAWA-Funded Programs** – Please indicate how your agency notifies program **employees** that it does not discriminate on the basis of actual or perceived race, color, religion, national origin, sex, gender identity (as defined in paragraph 249(c)(4) of title 18, United States Code), sexual orientation, or disability in employment practices.
- b. **Other federally-funded programs** – Please indicate how your agency notifies program **employees** that it does not discriminate on the basis of race, color, national origin, religion, sex, disability, and age in employment practices (e.g. posters, inclusion in brochures or other program materials, etc.)?

Observations/Comments/Compliance Plan

5. Please indicate if your agency has a written policies or procedures in place for notifying program beneficiaries and employees how to file complaints alleging discrimination by the agency with the DCJS or the OCR? (Use space below to provide addition information.)

Yes

No

Observations/Comments/Compliance Plan

6. If your agency has 50 or more employees and receives DOJ funding of \$25,000 or more, indicate which of the following action are taken: *(use space below to provide addition information)*

N/A

a. Adopted grievance procedures that incorporate due process standards and provide for the prompt and equitable resolution of complaints alleging a violation of the DOJ regulations implementing Section 504 of the Rehabilitation Act of 1973 which prohibit discrimination on the basis of a disability in employment practices and the delivery of services?

Yes

No

b. Designated a person to coordinate compliance with the prohibitions against disability discrimination?

Yes

No

c. Notified participants, beneficiaries, employees, applicants, and others that the grantee does not discriminate on the basis of disability?

Yes

No

Observations/Comments/Compliance Plan

7. If your agency operates an education program or activity, indicate which of the following actions are taken: *(use space below to provide addition information)*

N/A

a. Adopted grievance procedures that provide for the prompt and equitable resolution of complaints alleging a violation of the DOJ regulations which prohibit discrimination on the basis of sex?

Yes

No

b. Designated a person to coordinate compliance with the prohibitions against sex discrimination?

Yes

No

c. Notified applicants for admission and employment, employees, students, parents, and others that the grantee does not discriminate on the basis of sex in its education programs or activities?

Yes

No

Observations/Comments/Compliance Plan

8. Has your agency complied with the requirement to submit to the OCR any findings of discrimination against the grantee issued by a federal or state court or federal or state administrative agency on the grounds of race, color, religion, national origin, or sex?

Yes

No

Observations/Comments/Compliance Plan

9. What steps has your agency taken to provide meaningful access to its programs and activities to person who have limited English proficiency (LEP)?

10. Does your program have a written language access policy on providing services to LEP persons?

Yes

No

Observations/Comments/Compliance Plan

11. Does your agency conduct any training for employees on the requirements under federal civil rights laws?

Yes

No

Observations/Comments/Compliance Plan

12. Does the grantee do the following:

a. Provide services to everyone regardless of religion or religious belief?

Yes

No

b. Ensure that federal funds are not used to conduct inherently religious activities, such as prayer, religious instruction, or proselytization, and that such activities are kept separate in time or place from federally-funded activities?

Yes

No

c. Ensure that participation in religious activities is voluntary for beneficiaries of federally-funded programs?

Yes

No

d. Does your agency take religion into consideration when making employment decisions? If yes, has your agency submitted to the OCR a certificate for exemption for hiring practices based on religion?

Yes

No

Observations/Comments/Compliance Plan

13. Does the grantee provide federally funded services to eligible beneficiaries regardless of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice?

Yes

No

Observations/Comments/Compliance Plan

14. If the grantee engages in explicitly religious activities, does it do the following:

a. Separate the explicitly religious activities in either time or location from the federally funded activities?

Yes

No

b. Ensure that participation in the explicitly religious activities is voluntary for participants in the federally funded program?

Yes

No

Observations/Comments/Compliance Plan

15. If the grantee is a religious institution or a faith-based organization, does the grantee do the following:

a. Provide appropriate notice to program beneficiaries or prospective beneficiaries that the grantee does not discriminate on the basis of religion in the delivery of services or benefits?

Yes

No

b. Provide appropriate notice to program beneficiaries or prospective beneficiaries that if they object to the "religious character" of the grantee, the grantee will make a reasonable effort to find an acceptable alternative provider in close geographic proximity that offers comparable services?

Yes

No

c. Keep a record of the requests for an alternative provider from beneficiaries or prospective beneficiaries who object to the grantee's "religious character," noting the grantee's efforts to find an appropriate alternative provider and to follow up with the beneficiary or prospective beneficiary?

Yes

No

Observations/Comments/Compliance Plan

16. If the grantee receives funding under VAWA or from OVW, does it serve male victims of domestic violence, dating violence, sexual assault, and stalking?

Yes

No

Observations/Comments/Compliance Plan

17. If the grantee receives funding under VAWA or from OVW:

a. Does the grantee provide sex-segregated or sex-specific services?

Yes

No

b. If yes:

i. Describe how the services are sex-segregated or sex-specific.

ii. Has the grantee determined that providing services that are sex-segregated or sex specific is necessary to the essential operation of the program?

iii. Describe how the grantee determined that providing sex-segregated or sex-specific services is necessary to the essential operation of the program.

Observations/Comments/Compliance Plan

Federal Civil Rights Certification	
Grantee (Contractor) Certification:	Date:
I certify that to the best of my knowledge, the information provided herein is complete and accurate.	
Telephone Number:	E-mail Address: