

1. Date of Survey _____
2. Type of Survey _____
3. Name of Sub-Recipient _____
4. Name of President/Director/CEO _____
5. Name of Title VI Coordinator _____
6. Non-Discrimination Policies: Does your institution/company have a written policy stating that services will be provided to all persons without regard to race, color, or national origin?

_____ Yes _____ No
7. Posters: Are posters containing Title VI information prominently displayed within all of your facilities?

_____ Yes _____ No
8. Do these posters include the name of the Title VI Coordinator to whom complaints should be referred?

_____ Yes _____ No
9. Records: Are permanent records kept of all Title VI complaints?

_____ Yes _____ No
10. Complaints: If applicable, describe below any complaints received in this reporting period. If needed, please attach a separate page. Include Name of Complainant, Race, Charge, and Findings.

Complaints:
11. Dissemination: Is Title VI information disseminated to your employees, applicants, students and other beneficiaries of services?

_____ Yes _____ No

If yes, describe how all beneficiaries are informed:

12. Are you confident that all beneficiaries are clearly aware of their rights under Title VI, including the right to file a complaint?

_____ Yes _____ No

13. Are new employees clearly informed about their specific responsibilities to recipients of services under Title VI?

_____ Yes _____ No

14. Are staff members periodically re-oriented or refreshed on information detailing their Title VI responsibilities?

_____ Yes _____ No

If yes, state by whom and how:

15. Do staff members receive annual Title VI training?

_____ Yes _____ No

16. Compliance Assurance: Do all contracts to provide services contain a Title VI statement of compliance? If yes, attach a copy of Title VI statement included in such contracts, FOR Pre award Survey Only.

_____ Yes _____ No

17. Courtesy Titles: Does a written policy exist which states that courtesy titles (i.e., Mr., Mrs., Ms., Miss) will be used by staff to address beneficiaries without regard to race, color, or national origin in all communications?

_____ Yes _____ No

18. Are all physical areas (exits, waiting rooms, dining areas, restrooms, etc.) provided and used without regard to race, color, or national origin of beneficiaries?

_____ Yes _____ No

19. Do you have policies and service contract for identifying and assessing language needs of LEP beneficiaries? If yes, please attach the policy and documented procedures, FOR Pre Award Survey Only

_____ Yes _____ No

20. Within the last year, did you provide language assistance options or translate written material for LEP individuals? If yes, please provide the total number of the following types of language services:

_____ Yes _____ No

Total No. Individuals assisted _____

Declarations

Respondent – I declare that I have reviewed and approve the information provided in this self-survey and to the best of my knowledge and belief, it is true, correct, and complete

Name/Title: _____ Date: _____

Signature: _____

Administrative Head – I declare that I have reviewed and approved the information provided in this self-survey and to the best of my knowledge and belief, it is true, correct, and complete

Name/Title: _____ Date: _____

Signature: _____