# INSTRUCTIONS FOR
# FOOD & NUTRITION
# PRE-AWARD CIVIL RIGHTS COMPLIANCE REVIEW

This form is used to provide Civil Rights information required by the United States Department of Agriculture (USDA) and the Arkansas Department of Agriculture (ADA), Food and Nutrition Division, Food Distribution Unit (FDU) to determine if an organization is eligible for participation. This form is only completed at initial application. **Exception:** Jails applying for participation are not required to complete this form.

## DETAILED INSTRUCTIONS

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## A. TITLE VI OF CIVIL RIGHTS ACT OF 1964

Provide the information as requested in Items 1 through 8.

2.a. Estimate by ethnic and racial category the number of recipients that will participate in the program at each site. Recipients of multiple racial categories may be categorized in more than one racial group.

Ethnic and racial categories include the following:

Ethnicity
(1) Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."
(2) Not Hispanic or Latino.

Race
(1) American Indian or Alaskan Native. A person who has origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
(2) Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
(3) Black or African American. A person having origins in any of the black racial group of Africa. Terms such as "Haitian" can be used in addition to "Black or African American."
(4) Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
(5) White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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## B. REHABILITIATION ACT OF 1973 (SECTION504)

Provide the information as requested in Items 1 through 8.

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## SIGNATURE

An authorized representative of the applying organization signs dates and prints their title.

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**SUBMISSION**

**All New Applicants** – submit to **one** of the following:

| **E-mail to the appropriate Program address:** | **Mail to:** |
|---|---|
| Food Distribution Unit<br><br>agri.Commodities@arkansas.gov | Arkansas Department of Agriculture<br>Food and Nutrition Division<br>Food Distribution Unit<br>1 Capitol Mall<br>Suite 3B-201<br>Little Rock, AR 72201-1030 |

Food and Nutrition

# Pre-Award Civil Rights Compliance Review

**To ensure compliance with the Civil Rights requirements, the applicant must complete and return this questionnaire. The Food Distribution Unit staff cannot act on the application until this questionnaire is returned.**

| Name of Applying Organization | CE ID |
|---|---|
| | |

Answer the following questions. Give as much information as possible. **Attach additional sheets, if needed;** please identify each attachment with the name of the applying organization and question.

## A. Title VI of Civil Rights Act of 1964

Title VI of the Civil Rights Act of 1964 prohibits recipients of Federal financial assistance from discriminating against or otherwise excluding individuals based on race, color, or national origin in any of their activities.

1. Submit copies of public release statement and any other materials used to publicize the program's availability and non-discrimination requirements.

2. a. Estimate by ethnic and racial categories the number of recipients that will participate in the program at each site. Recipients of multiple racial categories may be categorized in more than one racial group. If the program consists of several camp sessions, specify the projected number of children by site and date of session:

| | Ethnicity | | Race | | | | |
|---|---|---|---|---|---|---|---|
| **Site (Name of school, camp, park site, sub-distributor, church, hospital, nursing home, recreational center, childcare center, etc.)** | **Hispanic or Latino** | **Not Hispanic or Latino** | **American Indian or Alaskan Native** | **Asian** | **Black or African American** | **Native Hawaiian or Other Pacific Islander** | **White** |
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b. Describe how this projection was made (i.e.: based on comparative enrollment in sites, observation of recipients, recipient's surnames, etc.):

3. Does the applying organization have specific membership requirements? ..... ☐ **Yes** ☐ **No**

If "Yes," describe those requirements:

4. What efforts will be made by applying organization to contact minority and grass roots organizations about the opportunity to participate in the program?

5. What other steps will be taken by the applying organization to ensure that minorities have an equal opportunity to participate in the program?

6. Is the applying organization currently receiving financial assistance from agencies other than the United States Department of Agriculture? ..... ☐ Yes ☐ No

   If "Yes," give details:

7. Has any federal agency notified the applying organization of noncompliance with any Civil Rights requirements? ..... ☐ Yes ☐ No

   If "Yes," give details including dates, names, and results:

8. Organizations that fail to provide services to Limited English Proficiency (LEP) potentially eligible persons, applicants, and participants, or deny them access to federally assisted programs and activities, may be discriminating on the basis of national origin. What steps will be taken by the applying organization to assure LEP persons receive access to the information and services provided?

**B. Rehabilitation Act of 1973 (Section 504)**
Section 504 of the Rehabilitation Act of 1973 prohibits discrimination based on disability.

1. Are there any policies, practices, or architectural barriers that limit or deny persons with disabilities participation or employment in the program? ..... ☐ Yes ☐ No

   If "Yes," explain:

2. Are there any policies or practices that result in different treatment of participants, applicants, or employees with disabilities? ..... ☐ Yes ☐ No

   If "Yes," explain:

3. If the applying organization employs 15 or more people, has the agency designated a coordinator to carry out Sect. 504 requirements? ..... ☐ Yes ☐ No ☐ NA

   If "Yes," give the name of the coordinator and title:

| Name of Coordinator | Title |
|---|---|
| | |

4. If the applying organization employs 15 or more people, has the agency established grievance procedures that incorporate appropriate due process standards? ..... ☐ Yes ☐ No ☐ NA

   If "NA" or "No," skip to question 5.

   If "Yes," do these procedures provide for the prompt and equitable resolution of complaints that allege an action prohibited by Section 504 of the Rehabilitation Act of 1973? ..... ☐ Yes ☐ No

   If "Yes," has the applying organization informed the public of the right to file a complaint and of the filing procedure? ..... ☐ Yes ☐ No

   If "Yes," briefly describe how:

5. Has the applying organization taken steps to notify employees, participants, and applicants that the agency does not discriminate against persons with disabilities?..... ☐ Yes ☐ No

   If "Yes," do the people notified include those with impaired vision or hearing and members of unions or professional organizations holding collective bargaining or professional agreements? ..... ☐ Yes ☐ No

   If "Yes," describe how notification is made:

6. Do all of the applying organization's forms, publications, and recruitment materials, which inform the public of program benefits and employment opportunities contain the assurance that the agency does not discriminate against persons with disabilities?..... ☐ Yes ☐ No

   If "No," indicate steps being taken to comply with this requirement:

7. Does the applying organization have a procedure to ensure that the remedial or corrective action has been or will be taken if noncompliance has occurred? ..... ☐ Yes ☐ No

   If "Yes," explain:

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8. Has the applying organization advised employees to immediately notify the U.S Department of Agriculture Food and Nutrition Service and the Food Distribution Unit of any complaints or lawsuits filed against the organization which allege discrimination of the basis of race, color, national origin, sex, age, or disability? ..... ☐ Yes ☐ No

| Signature – Authorized Official of Applying Organization | Date | Title |
|---|---|---|
| | | |