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 Texas Department of Agriculture (TDA) 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.

**Name of Applying Organization** - Enter the legal name of the applying organization.

**Contracting Entity Identification (CE ID)** – Enter your five-digit CE ID that has been assigned to you by the Texas Unified Nutrition Programs System (TX-UNPS). If you do not know your CE ID, leave blank.

# A. Title VI of Civil Rights Act of 1964

Provide the information as requested in Items 1 through 8.

Explanation for ethnicity and race section.

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 having 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.

B. Rehabilitation Act of 1973 (Section 504)

Provide the information as requested in Questions 1 through 7.

C. Complaints and Lawsuits

Provide the information as requested in Question 1.

## Signature

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

## **Submission**

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

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| **E-mail to the appropriate Program address.**  Child and Adult Care Food Program  [*CACFP.Bops@TexasAgriculture.gov*](mailto:CACFP.Bops@TexasAgriculture.gov)  National School Lunch Program, School Breakfast Program, & Special Milk Program  [*NSLP-SBP.BOps@TexasAgriculture.gov*](mailto:NSLP-SBP.BOps@TexasAgriculture.gov)  Summer Food Service Program  [*SFSP.Bops@TexasAgriculture.gov*](mailto:SFSP.Bops@TexasAgriculture.gov)  The Emergency Food Assistance Program and/or Commodity Supplemental Food Program  [*USDAFoods.PES@TexasAgriculture.gov*](mailto:USDAFoods.PES@TexasAgriculture.gov) |  |
| **Mail**  Texas Department of Agriculture  Food and Nutrition  Attn: F&N Business Operations-Applications  P.O. Box 12847  Austin, Texas 78711-2847 | **Overnight Delivery**  Texas Department of Agriculture  Food and Nutrition  Attn: Business Operations-Applications  1700 North Congress Avenue, Suite 1125E  Austin, Texas 78701-1496 |

**Food and Nutrition Pre-Award Civil Rights Compliance Review**

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| To ensure compliance with the Civil Rights requirements, the applicant must complete and return this questionnaire. Texas Department of Agriculture staff cannot take action on the application until this questionnaire is returned. | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Applying Organization** | | | | | | | | | | | | **Contracting Entity Identification Number (CE ID)** | | | | | | | | | | | |
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| **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 on the basis of 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. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | **Site** | **Ethnicity** | | | **Race** | | | | | | | | | | | | | |
|  | | | | | | **Name of school, camp, park site, church, hospital, nursing home, recreational center, child care center, food bank, 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.). | | | | | | | | | | | | | | | | | | | |
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|  | **3.** | | | | Does the applying organization have specific membership requirements?  If yes, describe those requirements in the space below. | | | | | | | | | | | | Yes | | | No | | | |
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|  | **4.** | | What efforts will be made by the applying organization to contact minority and grass roots organizations about the opportunity to participate in the program? | | | | | | | | | | | | | | | | | | | | |
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|  | | **5.** | | | | What other steps will be taken by the applying organization to ensure that minorities have an equal opportunity to participate in the program? | | | | | | | | | | | | | | | | | |
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|  | **6.** | | | | Is the applying organization currently receiving financial assistance from agencies other than the United States Department of Agriculture?  If yes, give details in the space below. | | | | | | | | | | | | Yes | | | No | | | |
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|  | | **7.** | | Within the last two years, has any outside entity or organization conducted a Civil Rights compliance review of the applying organization?  If yes, give details, including dates; names and nature of the reviewing entity; and results, including any non-compliance issues, in the space below. | | | | | | | | | | | | | Yes | | | No | | | |
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|  | | **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? | | | | | | | | | | | | | | | | | | | |
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| **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?  If yes, explain in the space below. | | | | | | | | | | | | | Yes | | | No | | | |
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|  | | **2.** | | Are there any policies or practices that result in different treatment of participants, applicants, or employees with disabilities?  If yes, explain in the below. | | | | | | | | | | | | | Yes | | | No | | | |
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|  | | **3.** | | If the applying organization employs 15 or more people, has the agency designated a coordinator to carry out Section 504 requirements?  If yes, give the name of the coordinator and title in the space below. | | | | | | | | | | | | | Yes | | | No | | | n/a |
|  | | | | | | ***Name of Coordinator*** | | | | | ***Title*** | | | | | | | | | | | | |
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|  | | **4.** | | If the applying organization employs 15 or more people, has the agency established grievance procedures that incorporate appropriate due process standards?  If n/a or no, skip to Question 5. | | | | | | | | | | | | | Yes | | | No | | | n/a |
|  | |  | | 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 | | | n/a |
|  | |  | | If yes, has the applying organization informed the public of the right to file a complaint and of the filing procedure? | | | | | | | | | | | | | Yes | | | No | | | n/a |

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|  |  | If yes, briefly describe how in the space below. | | | |  |  |  |
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|  | **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 | n/a |
|  |  | 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 | n/a |
|  |  | If yes, describe how notification is made in the space below. | | | |  |  |  |
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|  | **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?  If no, indicate the steps being taken to comply with this requirement in the space below. | | | | Yes | No | n/a |
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|  | **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?  If yes, explain in the space below. | | | | Yes | No | n/a |
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| **C.** | **Complaints and Lawsuits** | | | | | | | |
|  | **1.** | Has the applying organization advised employees to immediately notify the United States Department of Agriculture Food and Nutrition Service and the Texas Department of Agriculture 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 | n/a |
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| ***Signature of Authorized Official of Applying Organization*** | | | | ***Date*** | ***Title*** | | | |
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