
(County)

(Type of Facility)

STATEMENT OF ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 FOR OTHER AGENCIES, INSTITUTIONS, ORGANIZATIONS OR FACILITIES

The _____ hereby agrees

(Name of institution, organization or facility)

That it will comply with the provisions of the Title VI Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972, the Americans with Disabilities Act, and all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR Part SO.3 and 42; and FNS directives and guidelines. This legislation provides direction for ensuring that all applicants and recipients are given an equal opportunity to participate in programs and services without regard to race, color, national origin, sex, age, religion, political beliefs or disability.

By accepting this assurance, the entity agrees to compile data, maintain records, and submit reports as required, to permit effective enforcement of nondiscrimination laws and permit authorized NC Division of Social Services personnel during hours of program operation to review such records, books, and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the North Carolina Department of Health and Human Services, Division of Social Services, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the entity, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from North Carolina Department of Health and Human Services, Division of Social Services. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the _____ (Insert Name). Please print the address of institution, organization or facility:

Street Address City State Zip

Mailing Address City State Zip

Telephone number Facility License #

Signature of Authorized official Date

Printed Name of the Authorized official Title

INSTRUCTIONS

1. Please fill out this form completely including type of facility and the address.
2. Complete original and two (2) copies.
3. Retain signed third copy for your files.
4. Send the original and one copy to the local county department of social services which will, in turn, send the original to the Division of Social Services, Civil Rights-Title VI Coordinator, Carlotta Dixon.