



Civil Rights Pre-Award Compliance Review Form

To comply with the Civil Rights Act of 1964 and the Rehabilitation Act of 1973 (Section 504), organizations applying to operate the Child and Adult Care Food Program must complete and return the following questionnaire. Department staff cannot proceed in the processing of the application until this questionnaire is returned. For more information about Civil Rights regulations please go to: <https://www.fns.usda.gov/cr/civil-rights-laws-regulations>.

| Name of Applying Organization | CTD Number |
|-------------------------------|------------|
| | |

Please answer the following questions with as much detail and information as possible. If needed, please attach additional sheets that identify the question being addressed.

A. Civil Rights Act of 1964

1. Does the applying organization have specific membership requirements?..... Yes No

Examples include, but are not limited to, church membership requirement, income status, and restricting participation to certain age groups – consider infant care, caring for children of all ages, and/or adults.

If yes, describe those requirements:

2. What efforts will be made by applying organization to contact minority and grass roots organizations about the opportunity to participate in the Program, explaining that its participation will help ensure the delivery of Program benefits to otherwise underserved facilities or participants?

Examples include but are not limited to marketing efforts like providing flyers and brochures to local schools and/or community organizations, conducting an open house, and employing/utilizing bilingual staff.

3. Has any Federal Agency notified the applying organization of noncompliance with the Civil Rights Act of 1964?..... Yes No

If yes, please provide details such as dates, names, and results:

B. Rehabilitation Act Of 1973 (Section 504)

For more information, please visit <https://www.hhs.gov> or <https://www.dol.gov/>.

1. Are any policies, practices, or architectural barriers limiting or denying persons with disabilities participation or employment in the Program?..... Yes No

If yes, please explain:

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

If yes, please explain:

3. Does the applying organization employ 15 or more employees? If no, proceed to question five. Yes No

If yes, has the agency designed a coordinator to carry out Section 504 requirements?..... Yes No

If yes, provide the name and title of the coordinator:

| Name of Section 504 Coordinator | Title of Section 504 Coordinator |
|---------------------------------|----------------------------------|
| | |

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

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. How has the applying organization taken steps to notify employees, participants, and applicants that the agency does not discriminate against persons with disabilities?

Do the people notified include those with impaired vision or hearing?..... Yes No

6. Do all of the applying organization's forms, publications, and recruitment materials that 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 the steps being taken to comply with this requirement:

7. Does the applying organization have policies and procedures to ensure that corrective action will be taken if complaints of discrimination occur?..... Yes No

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

Signature - Authorized Official of Sponsoring Organization

Date

Title

Signature - State Agency Reviewer

Date

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

program.intake@usda.gov

This institution is an equal opportunity provider.