



Civil Rights Pre-Award Compliance Form

The Pre-Award Compliance Review must be completed prior to approving any new partner agency for participation in Federal Programs.

1. Name of your program: _____

2. Does your program advise the public, including minority and grassroots organizations of your service and eligibility requirements? (Circle One) **Yes No**

If yes, please attach a list with dates and what media were used, including letters, organizations or persons contacted, etc. Example: radio, television, newspaper, mail-outs, leaflets or brochures.

3. What is the estimated racial/ethnic makeup of your program's geographic service delivery area (from the latest census or other official recognized sources)?

a.

Ethnic Group	Hispanic or Latino	Not Hispanic or Latino	Total
Percent			

b. Select one or more

Race Group	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White	Other
Percent						

4. Do your program’s application requirements contain the current nondiscrimination statement? (Circle One) **Yes No**

If yes, provide a copy of the material where this is documented (application/admission form, flyer, brochure, etc.). If no, will your program add the standard USDA non-discrimination statement to the appropriate application form, brochures, etc.? (Circle One) **Yes No**

5. List the names, if any, of other Federal agencies providing assistance to your program.

6. Has your program ever been found to be non-compliant with any civil rights requirements? (Circle One) **Yes No**

If the answer above is yes, provide a brief summary on a separate sheet of the non-compliance findings, the relevant details and the resolution.

7. Does your program have bilingual public contact employees serving beneficiaries of the program, where necessary, to permit effective participation by beneficiaries who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English?

a. Select one or more.

Language	Spanish	Other:	Other:	Other:	Other:	Total
No. of Employees						

8. Describe the manner in which services are or will be provided by the program in question and include any related data necessary to ensure that no persons are or will be denied services on the basis of prohibited discrimination.

Print Name: _____ Title: _____

Program Name: _____

Address: _____

City, Zip Code: _____

Food Bank or County Agency Representative: _____ (Please print)

Signature Date

Recipient Agency Representative: _____ (Please print)

Signature Date