NON-PROFIT ORGANIZATION CIVIL RIGHTS CERTIFICATION

(Required of all CDBG funded projects utilizing Non-Profit Organizations)

Applicant: Click here to enter text.

Non-Profit: Click here to enter text.

Please complete this form and include it with the Application to the Arizona Department of Housing, Revitalization/CDBG Program. No funds can be disbursed for your CDBG contract until this form has been received and approved by the CDBG Program.

NOTE: If the answer is **NO** to any items on this form, please include a written explanation detailing how system integrity is maintained in an equivalent manner. Each explanation on the attachment should start with the letter and number of the item.

1. Does the non-profit have a written policy that requires that all advertisements for employment indicate that the non-profit organization is an equal opportunity employer? Yes No
2. Attached is a copy of the non-profit organization’s employment application form.

Yes No

1. Does the non-profit organization have written employment and personnel policies?

Yes No

1. Identify, by title, the person responsible for updating/revising these policies.

Click here to enter text.

1. Do these policies include procedures for filling and processing of civil rights complaints? Yes No
2. Identify where the employment/personnel policies are located in the non-profit organization.

Click here to enter text.

1. Is there a written procedure that requires that all new employees be notified of these written personnel policies, provided with a copy, and given an opportunity to review them or that new employees are notified of where they are located and how they can be reviewed? Yes No
2. Does the non-profit organization have a written affirmative action plan?

Yes No

1. Is the non-profit organization under a court order to develop and implement such a plan?

Yes No

If yes, provide additional information, such as the date of the court order and the type of action required. Click here to enter text.

1. Does the non-profit organization display non-discrimination/EEO posters?

Yes No

If yes, identify locations. Click here to enter text.

11. Has the non-profit organization received any employment-related civil rights complaints in the current or prior calendar year? Yes No

If yes, describe the number and type.

Click here to enter text.

12. Identify where the files for such complaints are located.

Click here to enter text.

13. Describe the status of each such complaint.

Click here to enter text.

14. If involved in housing programs, each non-profit organization must undertake at least one activity to “affirmatively further fair housing.” Check off the activity(ies) undertaken and **attach documentation.**

a. Display a Fair Housing Poster: Yes No

Location: Click here to enter text.

b. Display Fair Housing brochures or publications Yes No Location: Click here to enter text.

c. Other, PSA’s, promotion of non-discriminatory advertising using the Fair

Housing logo, news releases, etc. (documentation attached) Yes No

d. Maintain a Fair Housing file with distribution lists, location, etc. for CDBG review. Yes No

15. Does your non-profit organization have a process to receive and resolve housing discrimination complaints? Yes No

If yes, describe the system, the number of complaints received in the current or prior calendar year, and the status of each complaint.

Click here to enter text.

**504 Compliance: NON-DISCRIMINATION AGAINST**

**INDIVIDUALS WITH DISABILITIES**

Please identify the position, by title, responsible for the implementation of each action AND describe the status actions taken to satisfy the components

|  |  |  |
| --- | --- | --- |
| **Component** | **Status** | **Responsible Person/Title** |
| **1.Communications**  (TTY/Az Relay, etc.) | Click here to enter text. | Click here to enter text. |
| **2. Self Evaluation Plan** | *(to include date adopted)*  Click here to enter text. | Click here to enter text. |
| **3.Transition Plan** | *(to include date adopted)*  Click here to enter text. | Click here to enter text. |
| **Component** | **Status** | **Responsible Person/Title** |
| **4. 504 Coordinator** | Click here to enter text. | Click here to enter text. |
| **5.Grievance Procedures** | (comments in status section to include number of grievances and the status of their resolution)  Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**WORKFORCE COMPOSITION**

**EMPLOYMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Demographic Category | **Number/ #** | **Percentage/ %** | **Hispanic/Latino Ethnicity/#** | **Percentage/ %** |
| Single Race Categories |  |  |  |  |
| *White* |  |  |  |  |
| Black/African American |  |  |  |  |
| Asian |  |  |  |  |
| American Indian/Alaskan Native |  |  |  |  |
| Native Hawaiian/Other Pacific Islander |  |  |  |  |
| Multi-Race Categories |  |  |  |  |
| *American Indian/Alaskan Native & White* |  |  |  |  |
| Asian & White |  |  |  |  |
| Black/African American & White |  |  |  |  |
| American Indian/Alaskan Native & Black/African American |  |  |  |  |
| Other |  |  |  |  |
| Other Single- or Multi-Racial |  |  |  |  |
| Non-Hispanic/Latino Ethnicity |  |  |  |  |
| *TOTAL* |  |  |  |  |

If the CDBG Program has questions about this form, the person to contact is:

           

Typed Name Telephone Number E-Mail

Mailing Address

**CERTIFICATION**

(This form should be certified by the Personnel Director, Manager, or other person with the authority to verify to the accuracy of the information provided.)

I hereby certify that all information provided on this form is accurate.

Signature Title

     

Typed Name Date