DRAFT Voluntary Survey on the Equal Treatment Rule

Form Approval
OMB No.____

. Please tell us about your non-profit organization:	
(1.) Is your organization (please check one): faith-based secular	
(2.) Organization's annual budget: \$	
(3.) Number of paid staff: full-time part-time	
(4.) Year organization was established:	
II. What program(s) did your organization apply for:	
RD-Community Facilities Direct Loans RD-Guaranteed Rural Rental Housing Loans	
RD-Community Facilities Guaranteed Loans RD-Mutual Self-Help Housing Grants	
RD-Community Facilities Grants RD-Rural Housing Preservation Grants	
RD-Rural Community Development Initiatives Grants RD-Rural Rental Housing Loans	
RD-Farm Labor Housing Loans RD-Technical and Supervisory Assistance Grants (RH) RD-Farm Labor Housing Grants RD-Distance Learning & Telemedicine Grants	
RD-Rental Assistance Grants RD-Rural Business Enterprise Grants	
III. How did you find out about applying for USDA Rural Development Programs?	
Public Notice/Advertisement Agency Informational Meeting	
FBCI Conference (National or Local) Word of Mouth	
Other:	
	t
IV. When applying for assistance (grant, direct loan, or guaranteed loan) to a Rural Development program, was your organization informed that it would need to make any of the following change order to become eligible for assistance: (1.) Revise the organization's mission or purpose statement? Yes / No If your answer is yes, please answer the following:	
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issues, please provide your contact information:

Organization Name:		
Mailing Address:		
Phone Number:	Fax Number:	
E-Mail:		
Contact Name and Title:		