

DATE OF REVIEW	COMPLIANCE REVIEW (Nondiscrimination by Recipients of Financial Assistance through U. S. Department of Agriculture)	STATE
		COUNTY
SOURCE OF FUNDS <input type="checkbox"/> Direct <input type="checkbox"/> Insured		CASE NUMBER
DATE LOAN OR GRANT CLOSED		

TYPE OF ASSISTANCE

- | | | |
|---|---|---|
| <input type="checkbox"/> Housing Preservation Grant | <input type="checkbox"/> Water and Waste Disposal Loan or Grant | <input type="checkbox"/> RRH and LH Organization |
| <input type="checkbox"/> RBEG | <input type="checkbox"/> Grazing Association | <input type="checkbox"/> Intermediary Relending Program |
| <input type="checkbox"/> RBOG | <input type="checkbox"/> EO Cooperative | <input type="checkbox"/> Rural Housing Site Loans |
| <input type="checkbox"/> B&I Loans | <input type="checkbox"/> Community Facilities | <input type="checkbox"/> Cooperative Service |
| | | <input type="checkbox"/> Other _____ |

NAME OF BORROWER ORGANIZATION OR ASSOCIATION

ADDRESS OF BORROWER

I. STATISTICAL INFORMATION

(For the purpose of this report, the term "PARTICIPANTS" will be used to describe "USER," "MEMBERS," OCCUPANTS," "SITE PURCHASER" OR Potential Users for pre-loan closing compliance reviews, as applicable.

A(I).

ETHNICITY	POPULATION		PARTICIPANTS			
	No.	%	THIS REVIEW		LAST REVIEW	
	No.	%	No.	%	No.	%
Hispanic or Latino						
Not Hispanic or Latino						
TOTAL		100%				
MALE						
FEMALE						

According to the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0018. The time required to complete this information collection is estimated to average 8 hours per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

A (3). cont.

EMPLOYEES

BOARD OF DIRECTORS

RACE	MALE		FEMALE		MALE		FEMALE	
	No.	%	No.	%	No.	%	No.	%
American Indian/Alaskan Native								
Asian								
Black or African American								
Native Hawaiian								
White								
TOTAL								

II. APPLICATION INFORMATION (Project, Facility, Complex or Lender)

B(1).

ETHNICITY	Number of Application Received		Number of Applications Approved		Number of Applications Rejected	
	This Review	Last Review	No.	%	No.	%
Hispanic or Latino						
Not Hispanic or Latino						
TOTAL						
TOTAL	Male					
	Female					
	Family					

B (1.)

**Number of
Application Received**

**Number of
Applications Approved**

**Number of
Applications Rejected**

This Review **Last Review**

RACE		No	%	No.	%	No.	%	No.	%
American Indian/ Alaskan Native									
Asian									
Black or African American									
Native Hawaiian									
White									
TOTAL									
TOTAL	Male								
	Female								
	Family								

A. Are racial and gender of the participants and the number of employees in proportion to the population percentages?
 YES NO

B. Number of participants as of last review: _____ Date of last review: _____

C. Are all interested individuals permitted to file an application (written or otherwise) for participation? YES NO
 If "NO" explain why not: _____

D. Does or will recipient of financial assistance maintain adequate records on the receipt and disposition of applications, including a list of applicants wishing to become participants? YES NO

If "NO" what action is being taken to establish adequate records: _____

If "YES" number of applicants wishing to become participants on list _____

Number on list from minority group _____

E. Number of applications received from prospective participants since last review: Total _____

If zero skip to III.

From minority group applicants _____

F. Number of applications which have been withdrawn or rejected since last review: Total _____

From minority group applicants _____

G. Number of applications now pending on which no action has been taken: Total.....
From minority group applicants.....

III. LOCATION OF THE FACILITY

A. Does the location of the facility or complex have the effect of denying access to any person on the basis of race, color, national origin, age, sex, or disability? YES NO

B. Describe the racial makeup of the area surrounding the facility (if area is not the same as population).

IV. USE OF SERVICES AND FACILITIES

A. Are all participants required to pay the same fees, assessments, and charges per unit for the use of the facilities? Yes NO

If "NO", explain: _____

B. Explain how charges for services, i.e., rent, connection, and user fees are assessed.

C. Is the use of the services or the facilities restricted in any manner because of race, color, or national origin? Yes NO

If "YES", explain:

D. Is there evidence that individuals, in a protected class, are provided different services, charged different or higher rate amounts than others? YES NO

If "YES", explain:

E. List the methods used by the recipient to inform the community of the availability of services or benefits of the facility. (newspaper, radio, tv, etc.).

F. Do these methods reach the minority group population equally with the rest of the community? Yes NO

G. Are appropriate Equal Opportunity posters conspicuously displayed? (And Justice For All and the Fair Housing poster) Yes NO

H. Do written materials, i.e., ads, pamphlets, brochures, handbooks and manuals, have a nondiscrimination statement, Fair Housing, and/or accessibility logo or Equal Opportunity statement? Yes NO

I. Describe the efforts of the recipient to attract minorities, females, and persons with disabilities to serve on the advisory board, board of directors, or similar boards.

J. Indicate whether the facility is being properly maintained and whether services are provided on a timely basis.

K. Describe any restrictions that may exist on the use of the facility, i.e., no playgrounds for children; restrictions on use by minorities, segregated or prohibited by age or disability of tenant or other participants.

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L. If participation is restricted by age of beneficiary, please indicate any Federal statute, or state or local ordinance which may permit such restrictions.

M. How does this facility compare-with other similar facilities in the area serving low income beneficiaries which are privately or federally financed by other agencies.

Answer N for RRH and LH only:

N. Does the organization's Operating Rules provide for standard reasons for eviction? YES NO
If "YES," specify:

Are these reasons stipulated in the Lease Agreements? YES NO

If not, how are they made known to participants?

**V. ACCESSIBILITY REQUIREMENTS (DISABILITY)
(For All Programs Funded By Rural Development)**

A. Does the facility or project have an accessible route through common use areas? YES NO

B. Has a self-evaluation for Section 504 of the Rehabilitation Act been conducted and a transition plan developed for all structural barriers? YES NO

C. Does this facility or project have a Telecommunication Device for the Deaf (TDD) or participate in a relay service? YES NO

If not, is this part of the self-evaluation and transition plan? YES NO

D. Describe reasonable accommodations made by the recipient for making the program accessible to individuals with disabilities.

VI. ACCESSIBILITY REQUIREMENTS FOR RURAL RENTAL HOUSING

A. Does the complex meet the 5% accessibility requirement of 504 of the Rehabilitation Act of 1973 for facilities built after June 1982? YES NO

B. Are the units occupied by persons with disabilities in need of the special design features? YES NO

C. If not, indicate what outreach has been conducted utilizing appropriate organizations and advertising to reach the individuals in need of such units.

VII. ACCESSIBILITY REQUIREMENTS FOR COMMUNITY FACILITIES
(Health Care Facilities)

- A. List methods used by health care providers to communicate with the hearing impaired in the emergency room.
- B. List methods used to communicate waivers and consent to treatment requirements to persons with disabilities, including those with impaired sensory or speaking skills.
- C. Are there restrictions in delivery of services for the treatment of alcohol, drug addiction or other related illnesses?
(Aids, Hepatitis) YES NO

VIII. COMPLEXES AND FACILITIES THAT PROVIDE HOUSING
(Nursing Homes, Retirement Group, Rural Rental)

- A. Does the facility have an approved Affirmative Fair Housing Marketing Plan? YES NO
- B. Is there a copy of the most recently approved plan being used and conspicuously posted? YES NO
- C. Is management meeting the objectives of the plan? YES NO
- If not, is there an updated plan in place?

IX. PROGRAMS THAT CREATE EMPLOYMENT

- A. Is there evidence that individuals in a protected class are required to meet different employment selection criteria than non-minorities? YES NO
- B. Is there evidence that individuals of a protected class are being terminated in a disproportionate rate than non-minority employees? YES NO
- C. Do recipients that employ fifteen or more persons have a designated person to coordinate its efforts to comply with Section 504 of the Rehabilitation Act of 1973? YES NO
- D. Has the recipient provided reasonable accommodations to the known physical or mental impairment of employees with disabilities? YES NO

X. CONTACTS WITH INDIVIDUALS AFFILIATED WITH THE FACILITY OR COMPLEX

- A. List contacts made with a diverse selection of tenants, users, patients, employees, and others affiliated with the facility or complex. List by name, race, sex, and disability (if provided).
- B. Summarize comments made by the person(s) contacted.

XI. COMMUNITY CONTACTS

A. List contacts made with community leaders and organizations representing minorities, females, families with children, and individuals with disabilities. Include the date and the method of contact.

B. Summarize comments made by person(s) contacted.

XII. PAST ASSISTANCE FROM RD OR OTHER FEDERAL AGENCY

A. List past loans or other federal financial assistance from other agencies.

B. Does the recipient have a pending application with RD or another Federal agency? YES NO

XIII. CIVIL RIGHTS COMPLIANCE HISTORY

Provide a history of the following:

A. Compliance Review. Has this recipient had a finding of non-compliance by RD or another federal agency? YES NO

B. Discrimination Complaints. Has a complaint of prohibited discrimination been filed against this recipient in the past three (3) years? YES NO

C. Law Suit. Has a law suit based on prohibited discrimination been filed against this recipient in the past three (3) years? If so, describe and attach copies of the law suit. YES NO

D. Did the recipient take appropriate corrective or remedial action to achieve compliance with civil laws or to resolve any discrimination complaint cases or law suits? YES NO

E. Identify the resources and or contacts used in verifying the recipient's past civil rights compliance history.

XIV. CONCLUSIONS

A. Did your review of the records maintained by the association or organization disclose any evidence of discrimination on the grounds of race, color, national origin, sex, age, or disability in the services or use of the facility? Yes NO

If "YES," describe in detail such discrimination:

B. Did your contacts with community leaders, including minority leaders, disclose any evidence of discrimination as to race, color, national origin, sex, age, or disability in the services or use of the facility? Yes NO

C. Did your observation of this borrower's operations or proposed operations indicate any discrimination on the grounds of race, color, national origin, sex, age, or disability in the services or use of the facility? Yes NO

If "YES," describe in detail such discrimination:

D. Comments for other observations or conclusions:

Based upon my observation of this borrower's operation or proposed operation and the attitude of the Governing Body and Officials it is my opinion that the Recipient _____ Is _____ Is Not complying with the requirements under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Age Discrimination Act of 1975, and Title IX of the Education Amendments Act of 1972.

DATE

COMPLIANCE REVIEW OFFICER

XV. RECIPIENT IS IN NON-COMPLIANCE (Complete only if there is a finding of non-compliance)

A. Sent recipient notice of non-compliance on this date _____

B. Date of compliance meeting _____

C. Target date for recipient to voluntarily comply _____

D. Recipient has complied with all requirements and made all necessary corrective action by this date _____

E. Describe all meetings with recipient to achieve compliance.

F. Recipient has refused to voluntarily comply by this date _____

G. Comments: