



# Civil Rights Compliance Review Record - Federally Assisted Programs

(Ref. FSH 1709.11)  
Internal Use Only

FS-1700-6 (REV. 07/2011)  
OMB 0596-0215 (EXP. 11/2011)

This form is for recording reviews of recipients of Federal Financial Assistance. This form provides the requirements for conducting Equal Opportunity (EO) Program Delivery Compliance Reviews and is for INTERNAL use only. The purpose is to record: (a) the Reviewer's observations and information concerning a recipient's program or activity, and (b) the responses to questions listed in this review to gauge the recipient's level of compliance with Civil Rights laws, rules, and regulations, and policies while verifying the recipient's assurance certification to comply with Department Regulation 4330-2 and 7 CFR Subtitle A, Part 15 – Nondiscrimination, Subparts A and B.

Compliance in EO Program Delivery includes ensuring that no one is denied an equal opportunity to participate in, receive benefits from, and receive access to any program or service funded by the Federal government. Program delivery, nondiscrimination compliance applies to both federally conducted programs (i.e. conducted directly by Federal agencies) and federally assisted programs (i.e., administered through a recipient/Special Use Permit holder). Program delivery compliance for federally assisted programs and activities falls under the following Civil Rights Acts: Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973; Title IX of the Education Amendments of 1973; and the Age Discrimination Act of 1975, as amended.

The Forest Service reviewer should complete the EO Program Delivery Compliance Record by working with each individual applicant or recipient whose program or activity has been designated for review to determine the level of compliance with Civil Rights laws, as well as Federal regulations and policy. File the completed form in the applicant or recipient's case file. Give only a copy of Part V to the applicant and/or recipient, as a documented record of the Self-Assessment of Accessibility.

For purposes of this form, an "applicant" refers to a person, organization, or other entity applying for a permit, domestic grant, or cooperative agreement for Federal financial assistance. A "recipient" refers to any recipient of Federal financial assistance or funding, i.e. a partner receiving a grant or agreement, or holder of a Special Use Authorization (specifically a public service provider).

### Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0596-New. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice). USDA is an equal opportunity provider and employer.

## PART I - FOREST SERVICE AND RECIPIENT INFORMATION

1. FS Unit Name: \_\_\_\_\_ (e.g., Region/Station/Area/Forest/District/Laboratory)
2. Program or Activity Title: \_\_\_\_\_
3. Special Uses Code: \_\_\_\_\_ OR Grant Number: \_\_\_\_\_
4. Business / Organization Name: \_\_\_\_\_  
 Business / Organization Phone Number: \_\_\_\_\_  
 OR Applicant / Recipient Last Name: \_\_\_\_\_  
 Applicant / Recipient First Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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6. (cont.) Applicant or Recipient Address Line 1: \_\_\_\_\_  
 Applicant or Recipient Address Line 2: \_\_\_\_\_  
 Applicant or Recipient City: \_\_\_\_\_ State: \_\_\_\_\_  
 Applicant or Recipient EMail: \_\_\_\_\_

7. Today's Review Date: \_\_\_\_\_ 8. Previous Review Date: \_\_\_\_\_

**PART II - PRE-AWARD AND POST-AWARD CHECKLIST**

Indicate by checking one  Pre-Award Review  Post-Award Review

Yes No N/A

If explanations are provided, enter in Section IV.

**REVIEWER RESPONSES**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Has the Forest Service explained the civil rights responsibilities for nondiscrimination in federally assisted program delivery to the recipient and provided the program delivery brochure, required nondiscrimination poster, and information on the program complaint process?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Does the recipient's permit, agreement, or grant contain the appropriate clause assuring compliance with civil rights laws and statutes under program delivery (Title VI and related EO laws)?

**APPLICANT/RECIPIENT RESPONSES**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Will / Do your applicable publications, informational materials (including computer-based) and signs contain a statement of affiliation with the FS?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Will / Do the publications (e.g., brochures, advertisements) and other informational materials you use contain the USDA nondiscrimination statement?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Will / Do you communicate to customers how to file a complaint with USDA? (Describe in Part IV – Additional Information, below)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Will / Do promotional illustrations depict individuals representing diversity, i.e., race, color, national origin, sex, age, persons with disabilities?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Will / Is the And Justice for All poster (Form AD-475C) (be) in a visible location for program participants/customers and employees?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Are any of your program/project informational materials provided to your customers in languages other than English? If so, provide/attach example(s).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you gather voluntary information regarding the race, color, national origin, sex, age, and disability on the proposed and present membership of planning or advisory boards/councils to ensure diversity representation?

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**PART II - PRE-AWARD AND POST-AWARD CHECKLIST**

Yes	No	N/A	If explanations are provided, enter in Section IV.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. a. Before conducting outreach activities for your program or project, do you refer to census data or other information to identify the population (by race, color, national origin, sex, age, and disability) eligible to be served? b. Do you then use this information in planning your outreach strategies?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Have any customers raised issues alleging discrimination or filed discrimination complaints against your program(s) in the past 2 years? If yes, describe in Part IV – Additional Information (below)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you explained the civil rights and nondiscrimination responsibilities to your employees?  Have you explained the above responsibilities to your sub-recipients?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Is (Are) your program(s) fully accessible to persons with disabilities? If no, explain in Part IV – Additional Information (below)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. a. Are there any architectural barriers to your facilities preventing full accessibility to your program(s) by participants? b. If yes, was an action/transition plan created to remove barrier(s) and maintained in your files? Describe progress in Part IV, Additional Information (below)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PART III - ADDITIONAL QUESTIONS FOR POST-AWARD REVIEWS**

Yes	No	N/A	
<b>INTERVIEW A PROGRAM PARTICIPANT / BENEFICIARY:</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Have you experienced any difficulty accessing program information or participating in the services offered by the service provider?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Have you experienced or observed any discriminatory behavior by the service provider and/or employees? If so, describe the behavior in the space provided below. <b>Description of behavior [enter into text boxes below]:</b>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Name of Customer (Optional):

**PART III - ADDITIONAL QUESTIONS FOR POST-AWARD REVIEWS (CONT.)**

Yes                      No                      N/A

**INTERVIEW AN EMPLOYEE OF THE RECIPIENT:**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Have you been trained or informed of your responsibilities under civil rights laws about nondiscrimination?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Have you received information on how to advise participants/ customers on filing a program discrimination complaint? <b>Description of training, guidance, etc.:</b>


Name of Employee (Optional):

**PART IV - SUMMARIES**

**ADDITIONAL INFORMATION**

Use this section to describe or explain in more detail your answers to specific questions in Part II and Part III above


**PART IV - SUMMARIES (CONT.)**

**SUMMARY**

Identify any deficiencies and/or barriers. Below, indicate actions to be taken by the Holder or Recipient and the Forest Service to correct any deficiencies and/or barriers identified as a result of this review.


Reviewer Last Name: \_\_\_\_\_ Reviewer First Name: \_\_\_\_\_  
Reviewer Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Note: The applicant and recipient should retain a copy of the following section (Part V). The Forest Service will retain the original in the applicant's and/or recipient's case file or record.

**PART V - RECORD OF SELF-EVALUATION FOR ACCESSIBILITY**

Special Uses Code: \_\_\_\_\_ Grant Number / Case Code: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Applicant/Recipient Last Name: \_\_\_\_\_  
Applicant/Recipient First Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PART V - RECORD OF SELF-EVALUATION FOR ACCESSIBILITY (CONT.)**

Yes	No	N/A	
<b>QUESTIONS:</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Did you conduct a "Self-Evaluation of Accessibility" according to Section 504 of the Rehabilitation Act of 1973, within one year after receiving a permit, agreement, or grant?  If you answered NO to this question, answer the questions below to determine your level of compliance with accessibility requirements for your program or activity.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Do you review policies, practices, and procedures to ensure that none contains language that excludes qualified persons with disabilities from services?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Do you offer assistance, when appropriate, in filling out forms to qualified persons with disabilities?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Do you notify associations of/persons with disabilities of your services through public outreach efforts?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Do you allow persons with disabilities to take an application home (upon request) to be completed, because the person's disability precludes completion on site?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Do you ensure access to persons with mobility limitations or other impairments, if transportation services provided?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Do you provide auxiliary aids and services to qualified persons with disabilities, e.g., large print menus or material, pen and paper at ticket sales offices?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.a. Do you provide qualified sign-language interpreter services, if such services are requested?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.b. Are audio-visual presentations and multimedia captioned? Are computer-based products, produced as a result of this project/partnership, accessible?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you ensure that all new and newly renovated buildings and facilities comply with appropriate accessibility standards or have waivers to requirements?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Do you ensure that facilities for services have an emergency egress plan?

Reviewer Last Name: \_\_\_\_\_ Reviewer First Name: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

**PART V - RECORD OF SELF-EVALUATION FOR ACCESSIBILITY (CONT.)**

**Instructions**

**Part I - FS and Recipient Information**

Questions

1. Provide the Forest Service Unit name, e.g. Region/Forest/Ranger District/Station/Laboratory
2. List the type of program or activity being reviewed
3. Provide the Use Code (if this review involves a Special Uses authorization) or
4. Provide the grant number or case code (if this review involves an applicant/recipient of a grant or agreement)
5. Provide the business/organization name
6. Provide the recipient/applicant's (owner/manager) name, telephone number, address and e-mail address.
7. Provide the current compliance review date
8. If the Forest Service previously reviewed the program or activity, provide the date.

**Part II - Pre-Award and Post-Award Checklist**

- Answer the first two questions under the "Reviewer Response"
- Questions 1-14: Ask the applicant/recipient questions 1-14 in Part II (note question 9 does not apply to Special Use permits), record answer to each question (include additional narratives as indicated).
- Use "Part IV - Summaries" to record the recipient/applicant's explanation and/or describe rationale for negative response to the question.
- Add the recipient/applicant's explanation or narrative description to "Part IV - Summaries" as a supplement to a response to any question asked in "Part II"

**Part III - Additional Questions for Post-Award Reviews**

Note: This section does not apply to applicants. Only complete for recipients.

- When possible, schedule employee interviews in advance of the onsite post-award compliance review and conduct interviews during the review of recipient's employees. Conduct interviews with program participants as appropriate.
- Ask the questions and, as appropriate, use Part IV to record both participant and employee interview responses.

**Part IV - Summaries for Pre-Award and Post-Award Reviews**

- Use this section to describe or explain the applicant/recipient's answers to questions in Parts I, II, III, and V, and to summarize any deficiencies and/or barriers, and plans for corrective actions.

**Part V - Self-Evaluation for Accessibility**

- Answer question 1

Ask the recipient if they have conducted the self-evaluation (Section 504 of the Rehabilitation Act of 1973), which certifies the completion of a self-evaluation of their policies and practices for accessibility to persons with disabilities, within one year after receiving a permit, cooperative agreement or domestic grant. 7CFR15b.8(C) Verify the date and describe in Section IV Additional Information.

If the answer is no, then ask questions 2-10 in this section and evaluate responses to determine if level of accessibility compliance is acceptable.

For question 8a. - Verify if partners are aware of and will use qualified American Sign Language Interpreter Services if requested

For question 8b. - If the recipient is developing multimedia and computer based products (websites, databases) as a result of the project/partnership, require accessibility (captioning) and compliance with the Rehabilitation Act.

- File the record (with original signature), along with Parts I-IV of this form, in the recipient's case file.

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