

USDA
Form RD 400-8
(Rev 9-09)

Position 5

FORM APPROVED
OMB No. 0575-0018

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

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

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(1).

POPULATION

PARTICIPANTS

ETHNICITY	POPULATION		PARTICIPANTS		PARTICIPANTS	
	No.	%	THIS REVIEW	LAST REVIEW	No.	%
Hispanic or Latino						
Not Hispanic or Latino						
TOTAL		100%				
Male						
Female						

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 0575-0018. The time required to complete this information collection is estimated to average 8 hours 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.

A(2).

RACE	<u>POPULATION</u>		<u>PARTICIPANTS</u>			
	No.	%	THIS REVIEW		LAST REVIEW	
			No.	%	No.	%
American Indian/ Alaskan Native						
Asian						
Black or African American						
Native Hawaiian or Other Pacific Islander						
White						
TOTAL		100%		100%		100%
Male						
Female						

A(3).

EMPLOYEES

ETHNICITY	No.	%	MALE		FEMALE	
			No.	%	No.	%
Hispanic or Latino						
Not Hispanic or Latino						
TOTAL						

BOARD OF
DIRECTORS

ETHNICITY	No.	%	MALE		FEMALE	
			No.	%	No.	%
Hispanic or Latino						
Not Hispanic or Latino						
TOTAL						

B(1). cont.

RACE	Number of Applications Received		Number of Applications Approved		Number of Applications Rejected		Number of Applications Withdrawn	
	This Review	Last Review	No.	%	No.	%	No.	%
American Indian/ Alaskan Native								
Asian								
Black or African American								
Native Hawaiian or Other Pacific Islander								
White								
TOTAL	Male							
	Female							

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 of last review: _____ Date of last review: _____

C. Are all interested individuals permitted to file 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 _____

The list of the applicants will include ethnicity, race, and gender of potential applicants.

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 since last review: Total _____

Number of applications which have been 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 accessed.
- 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: _____
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- 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.
- 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 organizations 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 person 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 RURAL DEVELOPMENT 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 Rural Development 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 Rural Development or another Federal agency? YES NO
- B. Discrimination Compliants. 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 operations 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 meeting with recipient to achieve compliance.

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

G. Comments: