

DATE OF REVIEW	<b>COMPLIANCE REVIEW</b>  (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

<b>TYPE OF ASSISTANCE</b> <input type="checkbox"/> Housing Preservation Grant <input type="checkbox"/> RBEG <input type="checkbox"/> RBOG <input type="checkbox"/> B&I Loans	<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"/> RMAP	<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 _____
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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	<u>POPULATION</u>		<u>PARTICIPANTS</u>			
	No.	%	THIS REVIEW	LAST REVIEW	No.	%
<b>Hispanic or Latino</b>						
<b>Not Hispanic or Latino</b>						
<b>TOTAL</b>		<b>100%</b>				
<b>MALE</b>						
<b>FEMALE</b>						

According to the paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a persons 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 and 0570-0062. 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.





**Number of  
Applications Received**

Number of
Number of
Number of

**This Review    Last Review    Applications Approved    Applications Rejected    Applications Withdrawn**

RACE	No.	%	No.	%	No.	%	No.	%	No.	%
American Indian/ Alaskan Native										
Asian										
Black or African American										
Native Hawaiian or Other Pacific Islander										
White										
<b>TOTAL</b>										
<b>TOTAL</b>	<b>Male</b>									
	<b>Female</b>									

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 ..... \_\_\_\_\_  
 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 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.

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.

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## XI. COMMUNITY CONTACTS

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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.

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## XII. PAST ASSISTANCE FROM RD OR OTHER FEDERAL AGENCY

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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

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## XIII. CIVIL RIGHTS COMPLIANCE HISTORY

**Provide a history of the following:**

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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: