



**Civil Rights Compliance Review Record -
Federally Assisted Programs
(Ref. FSH 1709.11) Internal Use Only**

FS-1700-0006A (REV. 08/2012)
OMB 0596-0215 (EXP. 11/2011)

This form is for recording reviews of recipients of Federal Financial Assistance. Response is mandatory to retain or obtain benefits. This form provides the requirements for conducting a Civil Rights Compliance Review 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 Equal Opportunity 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 receiving financial assistance from 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 Civil Rights 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. It is necessary for the Forest Service to separate the CR Compliance Review form to protect the privacy of any individuals who agree to be interviewed during the post-award review. If the recipient requests a copy of the full review record, only the FS-1700-0006A record will be provided.

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. Response to this information collection is mandatory to retain or obtain benefits. The valid OMB control number for this information collection is 0596-0215. 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 RECIPIENT INFORMATION

It is necessary for the Forest Service to separate the CR Compliance Review form to ensure the privacy of any individuals who agree to be interviewed for the review. Form FS-1700-0006A serves as a comprehensive pre-award and post-award review record for recipients. The CR Review Forms will be kept with the recipient's file. However, if the recipient requests a copy of the full review record, only the FS-1700-0006A record will be provided.

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: () - _____
 AND / OR Applicant / Recipient Last Name: _____
 Applicant / Recipient First Name: _____ Phone Number: () - _____
5. Applicant or Recipient Address Line 1: _____
 Applicant or Recipient Address Line 2: _____
 Applicant or Recipient City: _____ State: _____ Zip Code: _____
 Applicant or Recipient EMail: _____
6. Today's Review Date: ____ / ____ / ____ 7. Previous Review Date: ____ / ____ / ____

PART II - PRE-AWARD AND POST-AWARD CHECKLIST

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

REVIEWER RESPONSES

Yes	No	N/A	If explanations are provided, enter in Part III.
<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

Yes	No	N/A	If explanations are provided, enter in Part II.
<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 (including computer-based) 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 <i>And Justice for All</i> 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. a. Are any of your program/project informational materials needed by your customers in languages other than English? If so, what actions have you taken to address this?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Do you take reasonable steps to ensure that persons with limited English proficiency receive the language assistance necessary (free of charge) for your programs and activities?
<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?
<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?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Do you then use this information in planning your outreach strategies?
<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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. a. Have you explained the civil rights and nondiscrimination responsibilities to your employees?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. 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
<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?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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

PART III - SUMMARIES

ADDITIONAL INFORMATION

Use this section to describe or explain in more detail your answers to specific questions in Part II or Part IV.

Identify any deficiencies and/or barriers. Below, indicate actions to be taken by the Holder or Recipient/Applicant 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: __ / __ / ____

PART IV - RECORD OF SELF-EVALUATION FOR ACCESSIBILITY

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.

Special Uses Code: _____ Grant Number: _____

Business Name: _____

Applicant/Recipient Last Name: _____

Applicant/Recipient First Name: _____ Phone Number: () - _____

Yes No N/A

QUESTIONS:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>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?</p> <p>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.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>2. Do you review policies, practices, and procedures to ensure that none contains language that excludes qualified persons with disabilities from services?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>3. Do you offer assistance, when appropriate, in filling out forms to qualified persons with disabilities?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>4. Do you notify associations of/persons with disabilities of your services through public outreach efforts?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>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?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>6. Do you ensure access to persons with mobility limitations or other impairments, if transportation services provided?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>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?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>8.a. Do you provide qualified sign-language interpreter services, if such services are requested?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>8.b. Are audio-visual presentations and multimedia captioned? Are computer-based products, produced as a result of this project/partnership, accessible?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>9. Do you ensure that all new and newly renovated buildings and facilities comply with appropriate accessibility standards or have waivers to requirements?</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>10. Do you ensure that facilities for services have an emergency egress plan?</p>

Reviewer Last Name: _____ Reviewer First Name: _____

Reviewer Signature: _____ Title: _____

Date: / / _____

INSTRUCTIONS

Part I - FS and Recipient Information

Complete:

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 provide the grant number (if this review involves an applicant/recipient of a grant or agreement)
4. Provide the business/organization name; provide the recipient/applicant's (owner/manager) name, telephone number,
5. Provide the full address and e-mail.
6. Provide the current compliance review date
7. 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 3-14: Ask the applicant/recipient questions 3-14 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 III - Summaries" to record the recipient/applicant's explanation and narrative description and/or describe the rationale for a negative response and as a supplement to a response to any question asked in "Part II."

Part III - 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, and IV, and to summarize any deficiencies and/or barriers, and plans for corrective actions.

Part IV - 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 of 1973, as amended.

File the record (with original signature) along with FS-1700-0006B and FS-1700-0006C in the Forest Service recipient's case file. If the Recipient requests a copy of the full review record in FS-1700-0006, only the recipient response FS-1700-0006A will be provided.