

Nondiscrimination in Federal Financial Assistance

Compliance Questionnaire for Recipients

OMB Control Number: 3090-0310

Expiration Date: 1/31/2023

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3090-0310. We estimate that it will take 120 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

This compliance questionnaire is used in conjunction with the Federal Surplus Personal Property Donations Program. This program is a Federal financial assistance program administered by the U.S. General Services Administration, a Federal Agency. As a recipient, your organization signed a nondiscrimination assurance statement agreeing to conduct your programs and activities in compliance with Federal nondiscrimination laws. Those laws are the following: Title VI of the Civil Rights Act of 1964, as amended; Age Discrimination Act of 1975; Section 504 of the Rehabilitation Act of 1973, as amended; Title IX of the Education Amendments Act of 1972; and Federal Property Management Act of 1949, as amended.

Generally, the aforementioned laws provide that no person in the United States shall, on the ground of race, color, national origin, sex, disability or age, be subject to discrimination under any program or activity receiving Federal financial assistance. Federal agencies that provide financial assistance are responsible for ensuring that recipients of Federal assistance operate their programs and activities in a nondiscriminatory manner. Thus, GSA's implementing and enforcement regulations for these laws are located at 41 CFR 101-4 et. seq; 41 CFR 101-6.2 et. seq; 41 CFR 101-8.3 et. seq; and 41 CFR 101-8.7 et. seq. Pursuant to these laws and regulations, your organization must keep records and submit compliance reports to GSA for the purpose of determining your organization's compliance.

Your organization's responses to this questionnaire will be used by the GSA's Office of Civil Rights (OCR) to help determine if your organization is in compliance with these laws and regulations. In order to analyze this information, OCR personnel will have access to this information. OCR will retain this information for four (4) years from the time of receipt.

Organization ID Number: _____ Organization Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Submitted by:

Name: _____ Title: _____

E-Mail: _____ Telephone: _____

Fax: _____ Preparation Date: _____

I. Organizational Background:

A. Please describe the nature and purpose of your agency/organization, to include programs and activities conducted by your agency/organization.

B. Please mark one or more of the following categories that best describes the "organizational type" for your agency/ organization:

- State Government Agency
- County or City Government Agency
- Non-profit Organization
- Healthcare-related provider
- Educational provider
- Provider to the Homeless or Impoverished
- Minority-focused
- Women-focused
- Program for Older Individuals
- Individuals with Disabilities-focused
- Other (If Other, please explain in the space below)

II. Civil Rights Data

[NOTE: For all questions regarding race or ethnicity reporting, first, report the race, (i.e., American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Other Pacific Islander, and White); then report ethnicity (i.e., Hispanic or Non-Hispanic).]

A. Please provide the current composition (based on race, ethnicity and sex) of any advisory board, committee, etc. that has influence and/or control over the way in which your federally assisted programs and/or activities are administered:

| RACE | |
|-------------------------------------------|-------|
| American Indian or Alaska Native | _____ |
| Asian | _____ |
| Black or African American | _____ |
| Native Hawaiian or Other Pacific Islander | _____ |
| White | _____ |
| Number of Total Board Members | _____ |

| ETHNICITY | |
|----------------------------|-------|
| Hispanic or Latino | _____ |
| Non-Hispanic or Non-Latino | _____ |

| SEX | |
|------------|-------|
| Male | _____ |
| Female | _____ |

B. Individuals who, because of their national origin, are Limited English Proficient (LEP) are entitled to meaningful access to federally assisted programs and activities. (See GSA's LEP guidance for recipients of Federal financial assistance at <https://www.gsa.gov/civilrights>) Does your agency/organization's service area population include individuals with Limited English Proficiency?

- Yes
- No

C. If so, what are the languages most encountered? (Please mark all that apply)

- Spanish
- Chinese
- Vietnamese
- Korean
- Other (If Other, please explain in the space below)
- N/A

D. Where non-English languages are encountered, what type(s) of translation or interpretation assistance services does your agency/organization provide to LEP individuals? (Please mark all that apply)

- Bilingual Staff
- Contract Interpreter/Translator
- Translated Written Materials
- Volunteers
- Local Community-Based Organization
- Local College/University Language Department
- State Agency that provides this service
- Other (If Other, please explain in the space below)
- N/A

E. How does your agency/organization notify its LEP population regarding the availability of LEP assistance? Please describe all methods used.

- Posting a Written Notice in Appropriate non-English Language
- Brochure
- Other (If Other, please explain in the space below)
- N/A

F. Did your agency/organization incur any additional costs during the previous calendar year related to providing LEP assistance?

Yes

No

G. If so, what were your agency/organization's costs for the previous calendar year in providing LEP assistance?

\$ _____

H. Section 504 of the Rehabilitation Act of 1973, as amended, provides that no qualified individuals with disabilities shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives or benefits from Federal assistance from GSA. (GSA's implementing regulation for Section 504 is located at 41 CFR 101-8.3, et. seq.)

This chart refers to public access areas only, do not include work-only areas in your answers.

(i) For each of the following areas listed below, indicate whether your agency/organization's facilities are accessible to individuals with disabilities: *(For more information about the applicable accessibility standards, please check the instructions).*

| Area | Do you have the following? (Yes or No) | | Do these items comply with applicable disability standards? (Yes or No) | |
|------------------|-------------------------------------------|-----------------------------|----------------------------------------------------------------------------|-----------------------------|
| Telephone | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Restrooms | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Water Fountains | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hallways | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Entrance/Exits | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lounges | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cafeteria | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Elevators | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Conference Rooms | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work/Study Areas | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Classrooms | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Parking | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(ii) How does your agency/organization provide assistance to individuals that are hearing-impaired and/or to individuals who are visually impaired? *Please explain.*

I. Title IX of the Education Amendments Act of 1972 provides that, except as where exempt under the law, no person shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education or training program conducted by a recipient of Federal financial assistance. Implementing regulations require that where recipients conduct or provide education or training programs, they must: (1) Designate a Title IX coordinator; (2) Establish a written policy with regard to Title IX and disseminate such policy--Title IX coordinator's name and contact information should be included in such policy; and (3) Establish procedures to promptly and equitably resolve complaints that allege discrimination on the basis of sex in the agency/organization's education programs or activities.

(i) Does your agency/organization offer any type of training or educational programs/activities?

Yes

No

(ii) If so, please describe type(s) of training/educational programs/activities, the target audience of such programs/activities, and recruitment/admission criteria/process:

(iii) Does your agency/organization have an administrative grievance procedure established should an individual wish to file a sex-based complaint with regard to the way in which your agency/organization operates its educational or training programs/activities?

Yes

No

III. Marketing/Advertisement of Programs and Activities

A. Does your agency/organization market and/or advertise your programs, activities, benefits or services?

Yes

No

B. Please describe the way in which your agency/organization ensures that individuals who are eligible to participate in your federally assisted programs and activities are aware of and have a full and fair opportunity to participate.

IV. Complaint Information

Individuals have the right to either (1) file an administrative complaint with GSA based on discrimination in federally assisted programs or activities (GSA only has jurisdiction over recipients of Federal surplus property); or (2) file a lawsuit in Federal court. Complainants may also have other avenues available.

With regard to the way in which your agency/organization operates/administers its federally assisted programs and/or provides services/benefits:

A. Have any complaints (oral or written, informal or formal), lawsuits, charges, inquires, etc. been filed with any Federal, State, or Local agency, alleging that your agency/organization--or any component thereof--discriminated against an individual or individuals on the basis of race, color, national origin, sex, disability or age?

Yes

No

B. If so, please provide the following for each complaint received or filed for the last two calendar years:

(If additional space is required, add as an attachment page)

| Date of Complaint | Basis (i.e., race, national origin, etc.) | Issue(s) | Status of Complaint |
|-------------------|-------------------------------------------|----------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
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V. Information Regarding Your Participation in the Federal Surplus Property Program

A. How did your agency/organization learn about the program?

Word of Mouth

Information Briefing/Presentation

Television or Radio

Newspaper

Mailing

Internet

Other (If Other, please explain in the space below)

B. How does your agency/organization find out about the availability of the property?

C. Has your agency experienced problems in the past in obtaining the type of property your agency/organization needs?

Yes

No

D. How would you rate the quality of the property that your agency/organization has received through the Federal Surplus Property Program?

Excellent

Good

Fair

Poor

VI. Unavailable Compliance Data

Federal civil rights laws and regulations require recipients of Federal financial assistance to collect and maintain compliance data and, upon request, provide such data - as requested by the Federal agency - for the purpose of determining compliance with applicable Federal civil rights laws and regulations.

A. Is your agency/organization unable to provide any of the information requested in this submission?

Yes

No

B. If so, please identify the corresponding number and/or type of data that your agency/organization is unable to provide (as requested above) due to unavailability of such data.

C. Briefly describe your agency/organization's plan(s) to begin collecting and maintaining such data for future requests regarding civil rights compliance. Your plan should provide dates and action(s) that will be taken to ensure such data is collected and maintained. The Office of Civil Rights is available to provide assistance in developing such a plan.

VII. Amount of Time to Submit this Questionnaire

A. Please provide the estimated amount of time that your agency spent in completing this compliance submission.

Number of Hours: _____

Number of Minutes: _____