_____
(County)

_____
(Type of Facility)

STATEMENT OF ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 FOR OTHER AGENCIES, INSTITUTIONS, ORGANIZATIONS OR FACILITIES

The _____ hereby agrees
(Name of institution, organization or facility)
That it will comply with the provisions of the Title VI Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972, the Americans with Disabilities Act, and all requirements imposed by the regulations pursuant to these Acts. This legislation provides direction for ensuring that all applicants and recipients are given an equal opportunity to participate in programs and services without regard to race, color, national origin, sex, age, religion, political beliefs or disability.

Please print the address of institution, organization or facility:

Street Address	City	State	Zip

Mailing Address	City	State	Zip

_____ _____
Signature of Authorized official Date

_____ _____
Printed Name of the Authorized official Title

INSTRUCTIONS

1. Please fill out this form completely including type of facility and the address.
2. Complete original and two (2) copies.
3. Retain signed third copy for your files.
4. Send the original and one copy to the local county department of social services which will, in turn, send the original to the Division of Social Services, Civil Rights-Title VI Coordinator, Carlotta Dixon.