

CIVIL RIGHTS COMPLIANCE CERTIFICATION

Grant Recipient

Grant Number

Date

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1. Has your government had any employment vacancies in the past three months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If so, did you follow equal employment opportunity guidelines in advertising the vacancies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have written employment and personnel policies available for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have employment records available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is your employment data detailed enough to determine your staff composition by:			
▪ Sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Race?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Disability Status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ National Origin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your position and salary information detailed enough to assess hiring, training, promotion and compensation practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your employment data indicate any deficiencies in providing for equal employment opportunities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have any written civil rights complaints been filed against your community? If yes, list and briefly describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Use the space below to describe any situation relating to the above questions that need additional clarification.

The undersigned hereby certifies that the information contained in this Civil Rights Compliance Certification is correct to the best of his or her knowledge.

Signature: Chief Elected Official

Title

Date

Signature of person preparing Certification

Title

Date