



# COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT

FY \_\_\_\_\_ Grant No. \_\_\_\_\_  
Program: \_\_\_\_\_

## Certification of Compliance with Regulation Office for Civil Rights, Office of Justice Programs, for Subgrants Issued by the Council on Domestic Violence and Sexual Assault

INSTRUCTIONS: Complete the identifying information, which is found on the Notification of Grant Award (GAN), in the table below. Read the form completely, **identifying two people responsible for reporting civil rights findings**. Have your Authorized Official sign at the bottom of the page, and return the original to the Council on Domestic Violence and Sexual Assault by July 30.

Grant Project title: Council on Domestic Violence and Sexual Assault  
Subgrantee Name (Funded Entity): \_\_\_\_\_  
Address: \_\_\_\_\_  
Duration Beginning Date: 7/1/\_\_\_\_ End Date: 6/30/\_\_\_\_ Award: \_\_\_\_\_  
Project Director's Name: \_\_\_\_\_  
Project Director's Phone Number: \_\_\_\_\_

**Authorized Official's Certification:** As the Authorized Official for the above Subgrantee, I certify, by my signature below, that I have read and am fully cognizant of our duties and responsibilities under this Certification.

Requirements of Subgrant Recipients: All subgrant recipients (regardless of the type of entity or the amount awarded) are subject to prohibitions against discrimination in any program or activity, and must take reasonable steps to provide meaningful access for persons with limited English proficiency.

- I certify that this agency will maintain data (and submit when required) to ensure that: our services are delivered in an equitable manner to all segments of the service population; our employment practices comply with Equal Opportunity Requirements 28 CFR 42.207 and 42.301 et seq.; our projects and activities provide meaningful access for people with limited English proficiency as required by Title VI of the Civil Rights Act, (See also, 2000 Executive Order #13166).
- I certify that the two people in this agency or unit of government who are responsible for reporting civil rights findings of discrimination will submit these findings, if any, to the Council on Domestic Violence and Sexual Assault within 45 days of the finding, and/or if the finding occurred prior to the grant award beginning date, within 45 days of the grant award beginning date. **Provide a copy of this Certification to the people identified here:**

Persons responsible for reporting civil rights findings of discrimination:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

As the authorized Official for the above Subgrantee, I certify, by my signature below, that I have read and am fully cognizant of our duties and responsibilities under this Certification. I hereby also certify that the content of this form, other than the data entry required, has not been altered.

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[Authorized Official's signature]

[Date]

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[Typed or Printed Name]

[Title]

This original signed form must be returned to the Council on Domestic Violence and Sexual Assault, P.O. Box 111200, Juneau, AK 99811, by July 15. You must also forward a signed copy to the person identified on this page. CDVSA will forward a copy to the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice.