Nondiscrimination in Federal Financial Assistance
Compliance Questionnaire for Recipients

OMB Number: 3090-0228
Expiration Date: 11/30/2015

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; 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 Disabiliites-focused
- ☐ Other *(If Other, please explain)*

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	_____
TOTAL:	_____

ETHNICITY	
Hispanic or Latino	_____
Non-Hispanic or Non-Latino	_____
TOTAL	_____

SEX	
Male	_____
Female	_____
TOTAL	_____

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 http://www.gsa.gov/civilrights) Does your agency/organization's service area population include individuals with Limited English Proficiency?

- ☐ Yes
- ☐ No (If No, Skip to "H")

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

- ☐ Spanish
- ☐ Chinese
- ☐ Vietnamese
- ☐ Korean
- ☐ Other *(If Other, please explain)*

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)*

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

- ☐ Posting a Written Notice in Appropriate non-English Language
- ☐ Brochure
- ☐ Other *(If Other, please explain)*

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 disabilites shall, on the basis of disability, be excluded from participation in, be denied the beneftis of, or otherwise be subject to discrimination under any program or acitiivty that receives or benefits from Federal assistance from GSA. (GSA's implementing regulation for Section 504 is located at 41 CFR 101-8.302, 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 uniform accessibility standards, please check the insturctions page).***

Area	Do you have the following? (Yes or No)		Do you comply with uniform accessibility standards? (Yes or No)	
Telephone	☐ Yes	☐ No	☐ Yes	☐ No
Restrooms	☐ Yes	☐ No	☐ Yes	☐ No
Water Fountains	☐ Yes	☐ No	☐ Yes	☐ No
Hallways	☐ Yes	☐ No	☐ Yes	☐ No
Entrance/Exits	☐ Yes	☐ No	☐ Yes	☐ No
Lounges	☐ Yes	☐ No	☐ Yes	☐ No
Cafeteria	☐ Yes	☐ No	☐ Yes	☐ No
Elevators	☐ Yes	☐ No	☐ Yes	☐ No
Conference Rooms	☐ Yes	☐ No	☐ Yes	☐ No
Work/Study Areas	☐ Yes	☐ No	☐ Yes	☐ No
Classrooms	☐ Yes	☐ No	☐ Yes	☐ No
Parking	☐ Yes	☐ No	☐ Yes	☐ 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?
(If answer is no, skip to III-A "Marketing/Advertisement of Programs and 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 (If No, Skip to Section IV, Complaint Information)

B. Please use the following chart to provide the population profile for the target audience for the marketing/ advertisement of your programs and activities. Example: If your target audience for marketing/advertising your program is county-wide, you may use the 2010 U.S. Census Data.

RACE	
American Indian or Alaska Native	_____
Asian	_____
Black or African American	_____
Native Hawaiian or Other Pacific Islander	_____
White	_____
TOTAL:	_____

ETHNICITY	
Hispanic or Latino	_____
Non-Hispanic or Non-Latino	_____
TOTAL	_____

SEX	
Male	_____
Female	_____
TOTAL	_____

C. 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/organzition 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--discrminated 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:

Date of Complaint	Basis (i.e., race, national origin, etc.)	Issue(s)	Status of Complaint

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)*

B. How does your agency/organization find out about the availablity 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 unavailablity 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: _____