



Department of Economic and Community Development

Title VI Pre-Audit Survey

Date: _____
Applicant: _____
Local Govt. _____ Private Business _____ Non-Profit _____
Address: _____
City: _____ State: _____
Phone: _____ County: _____
Chief Administrator: _____
Title: _____
Compliance Officer: _____
Title: _____

The following racial data is being collected for compliance with Title VI of the Civil Rights Act of 1964 and will be used in accordance with applicable Federal law. This form must be completed and returned to TNECD so that your compliance efforts can be reviewed.

1. What is the racial composition of the population in your geographic service area?
2. What is the racial composition of your advisory or governing board?
3. Does your advisory or governing board strive to ensure that the racial composition is at least proportionately reflective of the local community's racial minority population?
4. Does your agency have a written policy of nondiscrimination stating that services or opportunities will be provided to all persons without regard to race, color, or national origin? _____

Please attach a copy of your policy to this survey.
If no, when will your policy be developed?

5. Are your projects and programs advertised to the public without regard to race, color or national origin? _____

Explain your answer.

6. Has a federal or state agency found you in noncompliance with civil rights requirements?

7. Has a civil rights compliance review been conducted onsite by a federal or state agency within the last two years? _____

Please feel free to attach additional sheets of information if needed.

Declaration of Respondent: I declare that I have completed the data in this survey and to the best of my knowledge and belief; it is true, correct and complete.

Compliance Officer:

Printed Name: _____

Signature: _____

Declaration of Chief Administrator: I declare that I have reviewed and approved the information provided in this self-survey and to the best of my knowledge and belief, it is true, correct and complete.

Chief Administrator:

Printed Name: _____

Signature: _____