

Military Department of Tennessee
TITLE VI Self-Survey (4 pages)

1. Effective Date of Survey: 1 October 2020 – 30 September 2021

2. Name of Respondent (City, County or Agency) _____

COUNTY: _____

3. Street Address _____ PO Box (if applicable): _____

City _____ PO Box Zip Code: _____

State _____ Zip Code _____

Phone _____ FAX NO. _____ Email _____

4. Name and Title of Administrative Head

NAME TITLE

5. Name and Title of Local Title VI Coordinator Email _____

NAME TITLE

6. Title VI Advisory Committee:

This Committee may be an existing committee or board, i.e., Planning Commission, Zoning Board, etc. Name of existing committee or board: _____

A. Are the members of the above listed Committee or Board: Elected ____ or Appointed ____
Please furnish information on each Advisory Committee Member:

	<u>NAME</u>	<u>RACE</u>	<u>GENDER</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

5. _____
6. _____
7. _____
8. _____

B. What are the terms of service? _____ (years or months)

A. If minorities represent 5% (or more) of the population in the geographic service area but not serving on any advisory groups, what steps will be taken to obtain minority representation?

7. Do you have a written non-discrimination policy stating that services will be provided to all persons without regard to race, color or national origin?

YES _____ NO _____

8. Are Title VI information posters, including the name of the local coordinator prominently and publicly displayed?

YES _____ NO _____

9. Are permanent records kept on all Title VI complaints?

YES _____ NO _____ NA _____

10. If applicable, describe any complaints received last year. List: Name, Race, Charge and Findings. **

***** (If None, please indicate this) *****

11. Is Title VI *information disseminated to your employees, clients, constituents, and the public?*

YES _____ NO _____

12. Describe the way in which they are informed. _____

13. Are you confident that applicants and clients are aware of their rights under Title VI of the Civil Rights Law, including the right to file a complaint?

YES _____ NO _____

14. Are new employees clearly informed about their specific responsibilities to clients under Title VI?

YES _____ NO _____

15. Are the Title VI Coordinator and Staff trained annually regarding compliance and responsibilities?

YES _____ NO _____

16. **If YES, please state** the way in which this is done. _____

17. Do all contracts that provide direct services contain a Title VI Statement of Compliance?

YES _____ NO _____

18. Are all physical areas (i.e., rest rooms, dining rooms, waiting rooms, etc.) provided without regard to race, color or national origin?

YES _____ NO _____

19. All sub-recipients of Federal Financial Assistance must be prepared to provide service for those with Limited English Proficiency (LEP). **Do you have a LEP plan in place?**

YES _____ NO _____

20. If you answered **NO** to #19, above, please explain how you would handle/resolve a situation dealing with LEP on a separate sheet.

21. Have you experienced any problems concerning LEP in your service area?

YES _____ NO _____

22. If you answered YES to the above, please explain on separate sheet.


23. Do you have any problems, questions or suggestions concerning this survey form?




Please note, **FAX number is: 615-313-0713**, thank you.



ALL items must be answered, if none or NA, please notate this.



*** **Any questions answered NO, must be fully explained with compliance date projected.** *** Please provide information on a separate sheet of paper, it'll be attached to your survey



All answers provided are subject to verification by the Military Department **Program Monitors.**

DECLARATION OF RESPONDENT: I declare that I have completed this survey to the best of my knowledge and believe it to be true and correct.

SIGNATURE OF TITLE VI COORDINATOR

DATE

DECLARATION OF ADMINISTRATIVE HEAD: I declare that I have reviewed and approved the information provided in this survey and to the best of my knowledge and believe it is true, correct and complete.

SIGNATURE OF ADMINISTRATIVE HEAD

DATE

Self Surveys are accepted by mail, email or FAX. Please ensure two signatures are on page four of the self survey, typed names are not accepted as signatures.

RETURN TO: MG Tommy H. Baker, Title VI Compliance Officer
Military Dept of Tennessee, State Admin Services
P.O. Box 41502
Nashville, TN 37204

FAX NO: 615-313-0713

Email: linda.crawford@tn.gov

Additional Information for Completing the Title VI Self-Survey

For question #5: Designate one person to be the Title VI Compliance Coordinator. Many Mayors of our smaller communities have chosen to wear this hat themselves. Others have named their secretary, the city manager, the city registrar, city recorder, a councilman or alderman, the sheriff, the police chief, personnel director or emergency management director.

Some of the duties of this person will be: Completing the survey once a year, putting up the poster and coordinating any civil rights complaints lodged against the sub-recipient.

For question #6: This refers to the make-up of the Title VI Advisory Committee (such as a zoning, planning or a building commission, etc.). This can be any of your **present** committees, board or commission, given the extra responsibility of Title VI Advisory. You only NEED ONE TITLE VI COMMITTEE (5-7 PEOPLE).

****NOTE:** Information required for each Committee Member for #6A of the survey.

Failure to complete the entire form will result in a non-compliance status for your agency.
A Non-Compliance status may delay payment requests. Once compliance is met by completion of the Title VI Self-Survey Form, the payment process will resume.

Your Self-Survey must be updated and submitted each year the grant or contract remains in effect, or if any information changes on your existing survey on file.

This is an annual (Federal Fiscal year) requirement. All documents on file expire on 30 September each year. ALL items must be answered, if none or NA, please notate this.

***** Any questions answered NO, must be fully explained with compliance date projected. ***** Please provide information on a separate sheet of paper, it'll be attached to your survey

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