

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

1. Effective Date of Survey: 1 October 2025– 30 September 2026

2. Name of Agency (Legal Name, as listed on TEMA applications):

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: _____

6a. 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. _____

6b. What are the terms of service? _____ YEARS **or** _____ MONTHS

6c. 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 _____

11a. Describe the way in which they are informed. _____

12. 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 _____

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

YES _____ NO _____

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

YES _____ NO _____

14a. If YES, please state the way in which this is done. _____

14b. If NO, on a separate sheet, please explain when training will be completed.

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

YES _____ NO _____ NA _____

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

YES _____ NO _____

17. 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 _____

17a. If you answered NO to #17, above, please explain how you would handle/resolve a situation dealing with LEP on a separate sheet.

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

YES _____ NO _____

18a. If you answered YES to the above, please explain on separate sheet.

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

YES _____ NO _____

FY26

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 and submit your additional information on a separate sheet of paper along with 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

Please ensure two signatures are on page four of the self-survey, **typed names are not accepted as signatures:**

Effective FY26, please return your surveys to:

TitleVISurvey.Military@tn.gov

As a reminder, only one survey is required annually per agency, regardless of multiple grants you may have with TEMA/FEMA

FY26 Version dated June 2025
Previous versions are obsolete

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, coordinating annual training, 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, or any of your present/ existing committees, board, or a commission, given the extra responsibility of Title VI Advisory, such as a zoning, planning or a building commission, etc. You only NEED ONE Title VI Advisory 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 execution of grants or payment requests. Once compliance status is met by completion of the Title VI Self-Survey Form, the grant execution or 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 surveys on file expire on 30 September each year.

EVERY item # must be answered, **If NONE or NA, please notate this.

***** Any questions answered NO, must be fully explained with compliance date projected.**

Please provide any additional information on a separate sheet of paper.

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

Please ensure two signatures/dates are on page four of the self-survey, typed names are not accepted as signatures:

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