



Tennessee Housing Development Agency Sub-recipient/Grantee (of Federal Financial Assistance) Non-Discrimination in Service Self-Assessment/Survey

Background & Instructions

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving Federal financial assistance. Section 504 of the Rehabilitation Act of 1973 provides that that no qualified individual with a disability should, only by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. Title VIII (the "Fair Housing Act") of the Civil Rights Act of 1968 and amendments, along with the Tennessee Human Rights Act (TCA 4-21-601), prohibit discrimination in housing activities on the basis of race, color, religion, national origin, handicap (disability), sex, and familial status. All THDA contracts with sub-recipients include a non-discrimination assurance that requires the grantee not to exclude persons from participation in, deny benefits to, or otherwise subject any person to discrimination on the grounds of race, color, religion, sex, national origin, disability, age, or any other classification protected by Federal, State or statutory law.

THDA has developed this Self Survey as a means of gathering information on sub-recipient compliance with Title VI and other applicable non-discrimination laws, which assists THDA with state and Federal reporting and the planning of non-discrimination training and technical assistance. Each sub-recipient entity (grantee) must complete a Self-Survey form annually (during the THDA contract term) and submit the signed form to THDA **no later than July 31**.

THDA's Self Survey must be completed even if a sub-recipient has completed a similar form with another state entity (such as the TN Department of Transportation or Department of Mental Health/Substance Abuse Services). The form is a fillable PDF, which may be completed with an electronic signature and emailed to civilrights@thda.org or printed, signed and mailed to, Civil Rights Compliance, THDA, 502 Deaderick St, Nashville, TN 37243. Questions or concerns about this Self Survey, THDA's online training or other civil rights issues may be directed to civilrights@thda.org.

Please note: An employee of a contracted grant administrator may complete the Self Survey on behalf of the sub-recipient entity, but the Survey must be reviewed and signed by the responsible official for the sub-recipient or entity that signs the contract with THDA.

I. Sub-recipient/Grantee Information

Grantee/Sub-recipient Name

Responsible Official Name & Title

Address (Inc. City, State, Zip & County)

Telephone Number

Type of entity:

Government

Non-Profit

Private entity

Title VI Coordinator Name (required)

Title VI Coordinator Email (required)

Name & Title of Person Completing Survey

Organization Name of Person Completing the Survey (if different from the Grantee/Sub-recipient (i.e. grant administrator)):

Provide information on current or open THDA contracts/grant awards (even if the grant was awarded in a prior year). Attach a separate sheet if needed.

| THDA Grant Program Name (i.e. HOME, LIHEAP, ESG, Trust Fund) | Total Grant Award (\$) | Grant Award Year | Grant managed by different entity? (Y or N) | Grant Administrator Name |
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II. Demographics of Service Area & Program Beneficiaries

- Describe the service area (city, county, if multiple counties list all):
- What is the total population & percent of households by race/ethnicity in the service area (most recent period available)? See THDA's Housing Indicators (<https://thda.org/research-reports>) or US Census (<https://www.census.gov/quickfacts/fact/table/US/PST045221>). If service area is regional or covers multiple counties, report combined population & race/ethnicity percentages for the whole area.

| Total Population | Race | | | | | Ethnicity | | |
|------------------|---------|---------|---------|---------------------------------|--------------------------------------|------------------------|------------|-------------------|
| | % White | % Black | % Asian | % Am. Indian/ Alaskan Native | % Native Hawaiian/ Pacific Is. | % Two or more races | % Hispanic | % Not Hispanic |
| | | | | | | | | |

- What is the number of **beneficiaries** by race/ethnicity in each THDA grant funded program (during the past year*)?

| Program/Activity Name | Race | | | | | Ethnicity | | |
|-----------------------|-------|-------|-------|------------------------------|------------------------------------|-------------------------|----------|-----------------|
| | White | Black | Asian | Am. Indian/ Alaska Native | Native Hawaiian/ Pacific Is. | Two or more races | Hispanic | Not Hispanic |
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*You may report based on the most recent Federal fiscal year or your agency (city/county) fiscal year.

- Does the agency (city/county) engage in affirmative marketing or outreach to diverse populations, such as utilizing minority media or targeted outreach to minority service or other organizations who serve protected class groups, or have an Affirmative Fair Housing Marketing Plan for any project(s) under a grant contract with THDA?
Yes No
- HUD Housing Grantees only (all other sub-recipients may skip to next section): If there are disproportionately underserved populations, do you plan to update your outreach in the next fiscal year to try and attract underserved populations or those least likely to apply? Yes No N/A- beneficiaries are representative of service area
N/A- no beneficiaries served in past year or grant activity is single-family development with initial occupancy completed more than six months prior to this report Other (please explain):

III. Non-Discrimination Policies & Training

1. Does the agency (city/county) have a written policy statement assuring non-discrimination on the basis of race, color, sex, national origin, disability, age, or any other classification protected by Federal, State or statutory law?
Yes No If NO, please explain why:
2. Does the agency (city/county) have a written policy for notifying applicants and beneficiaries of their rights under applicable non-discrimination laws? Yes No
3. Does the agency (city/county) have a written discrimination complaint policy/process? Yes No
4. How many total employees work in the agency (city/county) administering THDA grant funding?
5. How many total employees (new or existing) involved in the administration of THDA grant funding completed non-discrimination training in the past year?
6. Does training include information on the following non-discrimination laws or requirements?

| | | | |
|--|-----|----|---|
| Title VI? | Yes | No | |
| Language Access? | Yes | No | |
| Section 504 of the Rehabilitation Act? | Yes | No | |
| Fair Housing? | Yes | No | N/A (do not engage in housing related activities) |
7. If a grant administrator or sub-contractor manages THDA funded program activities on behalf of the sub-recipient, how many employees of the grant administrator completed non-discrimination training in the past year?

IV. Notifications

1. Is a non-discrimination assurance/notice prominently displayed in areas/places accessible to the public (lobby, website, etc.)? *Note: for sub-recipients with a housing related grant, the HUD Fair Housing poster must be prominently displayed.* Yes No If yes, where?
2. Are applicants and beneficiaries informed of their rights under applicable non-discrimination laws by methods other than public posting, such as: Written individual notice (brochure, etc.) Oral notice
Other method:
3. Are applicants and beneficiaries notified of their rights under Section 504 of the Rehabilitation Act, and the process to request a reasonable accommodation? Yes No
4. Do posters, brochures and/or other non-discrimination materials include the contact information for your Title VI/ non-discrimination Coordinator? Yes No
5. Does the sub-recipient include in all solicitations for bids of work or materials a notice of non-discrimination and a notice that contracts or agreements are subject to Title VI of the Civil Rights Act of 1964 and other non-discrimination laws? Yes No N/A (do not engage in subcontracting with Federal grant funding)

V. Discrimination Complaints

1. Has your organization made applicants and beneficiaries aware of the right to file a discrimination complaint & the process? Yes No If YES, by what method (letter, public notice, etc.)?
2. Number of discrimination complaints (Title VI, Fair Housing, Section 504) filed with your organization during the survey period:
**If at least 1 complaint was received during survey period, please send the complainant(s) name & contact information, complaint date, nature of the complaint(s), disposition.*
3. Did the sub-recipient entity notify THDA of all complaints of discrimination at the time of receipt by the agency (within ten business days)? Yes No N/A (no complaints in reporting period)

4. Number of complaint(s) filed with state or federal jurisdictional agency (THRC, HUD, HHS, DOE) in the past year alleging discrimination by the sub-recipient entity:
5. Number of lawsuit(s) filed alleging discrimination by the sub-recipient entity in the past 3 years:
**Attach additional pages to explain the nature of any complaint(s) or lawsuit(s); date filed and the outcome.*

VI. Limited English Proficiency (LEP)

1. Has your agency (city/county) assessed the need for language services in the service area (e.g. a four-factor analysis)? Yes No
2. Does your organization have written policies and procedures for what language services (oral interpretation or written translation) will be offered to LEP persons and how the services will be delivered, or a Language Access Plan? Yes No
3. Have you provided notice to LEP persons in a language they can understand about the right to free language assistance? Yes No
4. Does your organization provide free interpretation services (oral) to LEP persons? Yes No
5. Please provide the number of language encounters or requests for language assistance in the reporting period:

| Number of Requests/Encounters | Language/Language Group (e.g. Spanish) |
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6. Are any of the following readily available in languages other than English (check all that apply)?
 Vital program documents Program brochures Posters or Advertisements None
**Note: For housing programs, HUD provides a number of standard documents and brochures in non-English languages at https://www.hud.gov/program_offices/fair_housing_equal_opp/17lep*

VII. Governing & Advisory Boards

1. List the number of members who currently serve on a Board of Directors by race/ethnicity. Note: For local governments, this does not include the County Commission or City Council.
Check this box if your organization does not have a Board of Directors.

| Board | White | Black | Asian | Other Race | Hispanic | Male | Female | Total Members |
|--------------------|-------|-------|-------|------------|----------|------|--------|---------------|
| Board of Directors | | | | | | | | |

**Note: "Other" may include beneficiaries who are Am. Indian, Alaska or Hawaiian Natives, Pacific Islander, two or more races, other races and those who fail to disclose a race.*

2. What is the term length for Board of Directors membership?
3. How are members of the Board of Directors selected?

4. List the number of members by race/ethnicity who currently serve on an Advisory Board(s) that contributes to decisions on grants funded by THDA.

Check this box if your organization does not have any Advisory Boards.

| Advisory Board Name | White | Black | Asian | Other Race | Hispanic | Male | Female | Total Members |
|---------------------|-------|-------|-------|------------|----------|------|--------|---------------|
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**Note: "Other" may include beneficiaries who are Am. Indian, Alaska or Hawaiian Natives, Pacific Islander, two or more races, other races and those who fail to disclose a race.*

5. What is the term length for Advisory Board membership?
6. How are members of the Advisory Board selected?
7. If Board members, who contribute to decisions on the administration of THDA grants, do not reflect the demographic diversity of the service area, is the organization taking steps to achieve greater diversity on the Board(s)? Please describe:

VIII. Declaration of Sub-recipient Entity

I declare that I have completed the information in this Non-Discrimination in Service Self Survey and to the best of my knowledge and belief; it is true, complete and correct.

Signature*

Print Name

Agency/City/County Name

Date

**Grant administrators may complete the form on behalf of a sub-recipient, but the responsible official for the sub-recipient entity must sign the declaration.*