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

Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, and national origin in programs and activities 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/gender and familial status. Section 504 of the Rehabilitation Act 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.

THDA has developed this Self Survey as a means of determining sub-recipient/grantee compliance with the various non-discrimination laws; helping sub-recipients understand their Title VI, Fair Housing, THRA & Section 504 responsibilities; and assisting THDA in planning future non-discrimination training and technical assistance.

Sub-Recipient non-discrimination training is mandatory for THDA sub-recipients of Federal funding. All sub-recipient employees who are involved in the administration of THDA's Federal funding should complete non-discrimination training annually, and the training is recommended for volunteers. THDA provides an online training option for sub-recipients of THDA's federal funding that fulfills the training requirement at www.thda.org. Each sub-recipient must complete a Self-Survey form annually and submit the signed form to THDA no later than July 31. The form should be emailed with electronic signatures to: lswanson@thda.org or mailed to Laura Swanson, 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 e-mailed to lswanson@thda.org, or you may call Laura Swanson, THDA Civil Rights Compliance Advisor at 615-815-2127.

I. Contact Information & Programs

_____ Grantee Name

_____ Federal ID Number

_____ Street Address

_____ (Area code) Telephone Number

_____ County, City, State, Zip

Title	Name	E-Mail Address
Executive Director or Local Government Official *(circle)*		
Fiscal Director/Accountant		
Title VI Coordinator		

Name & Title of Person Completing Survey: _____Date: _____

List the total grant award (and the associated program name and activities related to the grant) for each grant received from THDA for which you requested funds (full or partial draw) during the current fiscal year (even if the grant was awarded in a prior year). Attach a separate sheet if needed or desired.

Program Name	Program Activity (description)	Grant Amount

II. Non-Discrimination Policies & Training

1. Does your organization have a written non-discrimination statement regarding the provision of housing benefits or services to all persons without regard to race, color, national origin, sex, religion/creed, familial status or disability? ☐ Yes ☐ No
2. Does your organization have a written policy stating that Limited English Proficiency (LEP) individuals will have access to interpretation and translation services and that the services are free of charge? ☐ Yes ☐ No
3. Does your organization have a written discrimination complaint process for protected classes under:
   a. Title VI? ☐ Yes ☐ No
   b. Fair Housing? ☐ Yes ☐ No
   c. Section 504? ☐ Yes ☐ No
4. Do new employees receive training regarding applicable non-discrimination laws; and is such information periodically re-emphasized with employees? ☐ Yes ☐ No; If YES, please select training method?
   ☐ THDA Online Training ☐ Classroom (Date(s)): _____
   ☐ Other: _____
5. How many total employees (new or existing) completed non-discrimination training in the past year:_____.
6. Do volunteers receive non-discrimination training? ☐ Yes ☐ No
7. Does your non-discrimination training include LEP procedures? ☐ Yes ☐ No

III. Title VI/Fair Housing/Section 504 Notification

1. Does your organization have a written policy on how individuals are notified about their rights under Title VI, Fair Housing and Section 504 of the Rehabilitation Act? ☐ Yes ☐ No

   If YES, how are beneficiaries informed? _____
2. How often are persons/households receiving services or benefits funded by THDA informed of their rights under Title VI, Fair Housing & Section 504? ☐ At initial receipt of services ☐ Annually ☐ Other (explain):
3. Are posters containing Fair Housing information with organization contact information prominently displayed within your organization? ☐ Yes ☐ No
4. If minorities and minority group(s) represent a minimum of 5% of the geographic service area population, does your organization utilize media targeting minority populations? ☐ Yes ☐ No ☐ N/A

IV. Discrimination Complaints

1. Has your organization made the public aware of the right to file a discrimination complaint & the process?
   ☐ Yes ☐ No; If YES, by what mechanism? _____
2. Number of discrimination complaints (Title VI, Fair Housing &/or Section 504) filed with your organization during the survey period: _____
3. Number of Title VI, Fair Housing &/or Section 504 investigations completed during the survey period: _____
4. In the past three years, has your organization been named in a discrimination complaint or lawsuit?
   ☐ Yes ☐ No
   If YES, *attach additional pages to explain* the nature of the complaint or lawsuit; date and the outcome.

V. Board of Directors & Advisory Boards

1. List the number of Board of Director members who currently serve on the Board 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	African American	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, 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 (may attach additional pages)?

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

☐ *Check this box if your organization does not have any Advisory Boards that contribute to decisions on housing related grants funded by THDA.*

Advisory Board Name	White	African American	Asian	Other Race	Hispanic	Male	Female	Total Members

**Note: "Other" may include beneficiaries who are Am. Indian, Alaska or Hawaiian Natives, Pacific Islander, 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 no Board of Directors and/or Advisory Board members are minorities and minority group(s) represent a minimum of 5% of the geographic service area population, what steps will be taken to obtain minority Board representation? ☐ Check box if N/A; otherwise explain:

VI. Demographics

List the number of beneficiaries/households by race/ethnicity participating in each program funded by a THDA grant.

Program/Activity Name	Race				Ethnicity	
	White	African American	Asian	Other	Hispanic	Not Hispanic

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

VII. Limited English Proficiency

1. Does your organization have policies and procedures for identifying and assessing language needs of Limited English Proficiency (LEP) applicants/clients? ☐ Yes ☐ No
   If NO, please explain:_____

2. Does your organization provide free interpretation services (oral) for LEP persons? ☐ Yes ☐ No

3. Does your organization provide free written translation of vital documents for LEP persons when needed?
   ☐ Yes ☐ No

4. Have you provided notice to LEP persons in a language they can understand about the right to free language assistance? ☐ Yes ☐ No
   If NO, please explain:_____

5. Please provide the number of language encounters or requests for language assistance in the reporting period: *Attach a separate sheet if needed or desired.*

Number of Requests	Language/Language Group (e.g. Spanish)

VIII. Declaration of Respondent

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

_____ _____
Organization Name Title

_____
Date

☐ **Check this box if you are a private entity administering a grant on behalf of the grantee/THDA sub-recipient (or a contract administrator).*