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 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/grantee compliance with the various non-discrimination laws to assist with Federal reporting and the planning of non-discrimination training and technical assistance. Each sub-recipient must complete a Self-Survey form annually and submit the signed form to THDA **no later than July 31**. 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 or 615-815-2127.

I. Contact Information & Programs Administered

Name & Title of Person Completing Survey

Date

Grantee Name

Federal ID Number

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

Telephone Number

Responsible Official (i.e. Exec. Director)	**Name**	**E-Mail Address**
Title VI Coordinator *(required)*		

List the total grant award for each THDA grant for which you requested funds (full or partial draw) during the current fiscal year (even if the grant was awarded in a prior year); briefly describe how your agency utilizes the grant funding & include the year your agency was awarded the grant. Attach a separate sheet if needed or desired.

THDA Grant Program Name (i.e. HOME, LIHEAP, ESG, Trust Fund)	**Program Activity** (repair/rehab, build (single/ multi), energy assistance, shelter/re-house, etc.)	**Total Grant Award ($)**	**Award Year**

II. Demographics of Service Area & Program Beneficiaries

1. Describe your organization's service area (list specific county (ies),etc):
2. What is the total population & percent of households by race/ethnicity in the service area (most recent period available)? **Report % in decimal format (2.5%=.025).** *See THDA Housing Indicators (https://thda.org/research-reports) or US Census QuickFacts (https://www.census.gov/quickfacts/fact/table/US/PST045221). If service area includes multiple counties, report combined or aggregated population & race/ethnicity percentages for the whole area.*

Total Population	Race				Ethnicity	
	White %	Black/Af. American %	Asian %	Other %*	Hispanic %	Not Hispanic %
	0%	0%	0%	0%	0%	0%

**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.*

3. 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/Af. American	Asian	Other	Hispanic	Not Hispanic

4. If minority groups (by race or ethnicity) represent a minimum of 5% of the population in the geographic service area of your organization, does your organization engage in affirmative marketing, such as utilizing minority media or conducting outreach to other minority service organizations? ☐ Yes ☐ No
5. Do you have a formally adopted Affirmative Fair Housing Marketing Plan or a formal policy for ensuring your organization affirmatively furthers fair housing (only applicable to organizations with housing grants)?
   ☐ Yes ☐ No ☐ N/A

III. Non-Discrimination Policies & Training

1. Does your organization 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 your organization have a written discrimination complaint process? ☐ Yes ☐ No
3. Do new employees receive non-discrimination training? ☐ Yes ☐ No, If YES, please select training method?
   ☐ THDA Online Training ☐ Classroom Training (Date(s)):
   ☐ Other Training:
4. Is non-discrimination training provided annually to all employees? ☐ Yes ☐ No
5. Does employee training include information on the following non-discrimination laws or requirements?
   Title VI? ☐ Yes ☐ No
   Language Access? ☐ Yes ☐ No
   Section 504? ☐ Yes ☐ No
   Fair Housing? ☐ Yes ☐ No ☐ N/A (do not engage in housing related activities)
6. How many total employees work in the organization?
7. How many total employees (new or existing) completed non-discrimination training in the past year?

IV. Notifications

1. Does your organization have a written policy for notifying applicants and beneficiaries of the organization's commitment to non-discrimination and their rights under applicable non-discrimination laws? ☐ Yes ☐ No
2. How are applicants and beneficiaries informed about their rights under applicable non-discrimination laws?

   ☐ Written individual notice ☐ Public/posted notice ☐ Oral notice ☐ Not formally informed
3. How often are beneficiaries of THDA funded programs informed of their rights under applicable non-discrimination laws (check all that apply)? ☐ At initial receipt of services ☐ Annually ☐ Not informed

   ☐ Other (explain):
4. Is your organization's non-discrimination assurance & Title VI/non-discrimination Coordinator contact information displayed in a visible location (office, website, etc.)?

   ☐ Yes ☐ No

V. Limited English Proficiency (LEP)

1. Has your organization conducted an individualized program assessment using a four-factor analysis of the level of language assistance services the organization should provide? ☐ 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? ☐ Yes ☐ No
   If NO, please explain:
3. 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:
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:
   Attach a separate sheet if needed or desired.

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

VI. 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 attach a log to the survey with the complaint date, complainant name & contact information, nature of the complaint, disposition.
3. Number of complaint(s) filed with state or federal jurisdictional agency (THRC, HUD, HHS, DOE) in the past year alleging discrimination by your organization:
4. Number of lawsuit(s) filed alleging discrimination by your organization in the past 3 years:
   Attach additional pages to explain the nature of any complaint(s) or lawsuit(s); date filed and the outcome.

VII. 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, 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 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, 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 the composition of the Board of Directors and/or Advisory Board members is not racially and ethnically representative of the service area AND minorities and minority group(s) represent a minimum of 5% of the geographic service area population, have/will steps be taken to obtain minority Board representation?
   ☐ Yes ☐ No If Yes, please provide information on the activities.

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. To sign electronically, click on the red signature tab below.

Signature*

Print Name

Organization Name

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).*