



**GOVERNMENT AND PRIVATE SECTOR EQUAL OPPORTUNITY  
CIVIL RIGHTS COMPLIANCE REVIEW RECORD -  
FEDERALLY ASSISTED PROGRAMS**

(Reference: FSH 1709.11)

FS-1700-0006A (REV. 09/2023)

OMB# 0596-0215

EXP. XX/XX/XXXX

This form is for recording reviews of recipients of Federal Financial Assistance. Response is mandatory to retain or obtain benefits. This form provides the requirements for conducting a Civil Rights Compliance Review and is for INTERNAL use only. The purpose is to record: (a) the Reviewer's observations and information concerning a recipient's program or activity, and (b) the responses to questions listed in this review to gauge the recipient's level of compliance with Civil Rights laws, rules, and regulations, and policies while verifying the recipient's assurance certification to comply with Department Regulation 4330-2 and 7 CFR Subtitle A, Part 15 - Nondiscrimination, Subparts A and B.

Compliance in Equal Opportunity Program Delivery includes ensuring that no one is denied an equal opportunity to participate in, receive benefits from, and receive access to any program or service receiving financial assistance from the Federal government. Program

delivery nondiscrimination compliance applies to both federally conducted programs (i.e. conducted directly by Federal agencies) and federally assisted programs (i.e., administered through a recipient/Special Use Permit holder). Program delivery compliance for federally assisted programs and activities falls under the following Civil Rights Acts: Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973; Title IX of the Education Amendments of 1973; and the Age Discrimination Act of 1975, as amended.

The Forest Service reviewer should complete the Civil Rights Compliance Record by working with each individual applicant or recipient whose program or activity has been designated for review to determine the level of compliance with Civil Rights laws, as well as Federal regulations and policy. File the completed form in the applicant or recipient's case file. Give only a copy of Part V to the applicant and/or recipient, as a documented record of the Self-Assessment of Accessibility. It is necessary for the Forest Service to separate the CR Compliance Review form to protect the privacy of any individuals who agree to be interviewed during the post-award review. If the recipient requests a copy of the full review record, only the FS-1700-0006A record will be provided.

For purposes of this form, an "applicant" refers to a person, organization, or other entity applying for a permit, domestic grant, or cooperative agreement for Federal financial assistance. A "recipient" refers to any recipient of Federal financial assistance or funding,  
i.e. a partner receiving a grant or agreement, or holder of a Special Use Authorization (specifically a public service provider).

**PART I FOREST SERVICE RECIPIENT INFORMATION**

It is necessary for the Forest Service to separate the CR Compliance Review form to ensure the privacy of any individuals who agree to be interviewed for the review. Form FS-1700-0006A serves as a comprehensive pre-award and post-award review record for recipients. The CR Review Forms will be kept with the recipient's file. However, if the recipient requests a copy of the full review record, only the FS-1700-0006A record will be provided.

1. FS Unit Name: \_\_\_\_\_ (e.g., Region/Station/Forest/District/Laboratory)
2. Program or Activity Title: \_\_\_\_\_
3. Special Uses Code: \_\_\_\_\_ OR Grant Number: \_\_\_\_\_
4. Business / Organization: \_\_\_\_\_  
Business/Organization Phone Number: \_\_\_\_\_
5. Business / Organization Address Line 1: \_\_\_\_\_  
Business / Organization Address Line 2: \_\_\_\_\_  
Business / Organization City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business / Organization Email: \_\_\_\_\_
6. Today's Review Date: \_\_\_\_\_ 7. Previous Review Date: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

**PART II PRE AWARD AND POST AWARD CHECKLIST**

Indicate by checking one

Pre-Award Review

Post-Award Review

**REVIEWER RESPONSES**

Yes

No

N/A

If explanations are provided, enter in Part III.

1. Has the Forest Service explained the civil rights responsibilities for nondiscrimination in federally assisted program delivery to the recipient and provided the program delivery brochure, required nondiscrimination poster, and information on the program complaint process?

2. Does the recipient's permit, agreement, or grant contain the appropriate clause assuring compliance with civil rights laws and statutes under program delivery (Title VI and related EO laws)?

**APPLICANT/RECIPIENT RESPONSES**

Yes

No

N/A

If explanations are provided, enter in Part III.

3. Will / Do your applicable publications, informational materials (including computer-based) and signs contain a statement of affiliation with the FS?

4. Will / Do the publications (e.g., brochures, advertisements) and other informational materials (including computer-based) you use contain the USDA nondiscrimination statement?

5. Will / Do you communicate to customers how to file a complaint with USDA? (Describe in Part III – Additional Information, below)

6. Will / Do promotional illustrations depict individuals representing diversity, i.e., race, color, national origin, sex, age, persons with disabilities?

7. Will / Is the And Justice for All poster (Form AD-475A) (be) in a visible location for program participants/customers and employees?

8. a. Are any of your program/project informational materials needed by your customers in languages other than English? If so, what actions have you taken to address this?

b. Do you take reasonable steps to ensure that persons with limited English proficiency receive the language assistance necessary (free of charge) for your programs and activities?

9. Do you gather voluntary information regarding the race, color, national origin, sex, age, and disability on the proposed and present membership of planning or advisory boards/councils to ensure diversity representation?

10. a. Before conducting outreach activities for your program or project, do you refer to census data or other information to identify the population (by race, color, national origin, sex, age, and disability) eligible to be served?

b. Do you then use this information in planning your outreach strategies?

11. Have any customers raised issues alleging discrimination or filed discrimination complaints against your program(s) in the past 2 years? If yes, describe in Part III – Additional Information

12. a. Have you explained the civil rights and nondiscrimination responsibilities to your employees?

b. Have you explained the above responsibilities to your sub-recipients?

13. Is (Are) your program(s) fully accessible to persons with disabilities? If no, explain in Part III – Additional Information

14. a. Are there any architectural barriers to your facilities preventing full accessibility to your program(s) by participants?

b. If yes, was an action/transition plan created to remove barrier(s) and maintained in your files? Describe progress in Part III, Additional Information.

**PART III SUMMARIES**

**ADDITIONAL INFORMATION**  
Use this section to describe or explain in more detail your answers to specific questions in Part II or Part IV.

Identify any deficiencies and/or barriers. Below, indicate actions to be taken by the Holder or Recipient/Applicant and the Forest Service to correct any deficiencies and/or barriers identified as a result of this review.

Reviewer Last Name: \_\_\_\_\_ Reviewer First Name: \_\_\_\_\_

Reviewers Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

**PART IV RECORD OF SELF EVALUATION FOR ACCESSIBILITY**

**Note: The applicant and recipient should retain a copy of the following section. The Forest Service will retain the original in the applicant's and/or recipient's case file or record.**

Special Uses Code: \_\_\_\_\_

Business Name: \_\_\_\_\_

Grant Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Yes          No          N/A**

**QUESTIONS:**

			<p>1. Did you conduct a "Self-Evaluation of Accessibility" according to Section 504 of the Rehabilitation Act of 1973, within one year after receiving a permit, agreement, or grant?</p> <p>If you answered NO to this question, answer the questions below to determine your level of compliance with accessibility requirements for your program or activity.</p>
			2. Do you review policies, practices, and procedures to ensure that none contains language that excludes qualified persons with disabilities from services??
			3. Do you offer assistance, when appropriate, in filling out forms to qualified persons with disabilities?
			4. Do you notify associations of/persons with disabilities of your services through public outreach efforts?
			5. Do you allow persons with disabilities to take an application home (upon request) to be completed, because the person's disability precludes completion on site?
			6. Do you ensure access to persons with mobility limitations or other impairments, if transportation services provided?
			7. Do you provide auxiliary aids and services to qualified persons with disabilities, e.g., large print menus or material, pen and paper at ticket sales offices?
			<p>8.a. Do you provide qualified sign-language interpreter services, if such services are requested?</p> <p>8.b. Are audio-visual presentations and multimedia captioned? Are computer-based products, produced as a result of this project/partnership, accessible?</p>
			9. Do you ensure that all new and newly renovated buildings and facilities comply with appropriate accessibility standards or have waivers to requirements?
			10. Do you ensure that facilities for services have an emergency egress plan?

Reviewer Last Name: \_\_\_\_\_ Reviewer First Name: \_\_\_\_\_

Reviewer's Signature \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

**PUBLIC BURDEN STATEMENT**

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid Office of Management and Budget (OMB) Control Number. The approved OMB Control Number for this information collection is 0596-0215. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are mandatory to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to the U.S. Forest Service email address [SM.FS.InfoCollect@usda.gov](mailto:SM.FS.InfoCollect@usda.gov) and include the OMB Control Number in the subject line.

**PRIVACY ACT STATEMENT (5 U.S.C. § 552a)**

**Purpose:** The Privacy Act of 1974 requires that the Office of the Assistant Secretary for Civil Rights (OASCR) provide the following statements to each individual from whom it requests information.

**Authority:** Collection of this information is authorized by the regulations of the Equal Employment Opportunity Commission (EEOC), 29 CFR § 1614. The submission of this information is voluntary, but the failure to do so may hamper the investigation of a claim and could also lead to dismissal of the complaint.

**Routine Uses:** The information collected will be used to determine whether your complaint is acceptable for investigation and in connection with any subsequent investigation and processing of your complaint.

**Disclosure:** A copy of this complaint will be provided to the Civil Rights office of the agency against whom it is filed. This form may be shown to any individual who may be required by regulations, policies or procedures of the EEOC or OASCR to provide information in connection with this complaint. Other disclosures may be: (a) to respond to a request from a Member of Congress regarding the status of the complaint or appeal; (b) to respond to a court subpoena or refer to a district court in connection with a civil suit; (c) to disclose information to authorized officials or personnel to adjudicate a complaint or appeal; or (d) to disclose information to another Federal agency or to a court or third party in litigation when the Government is party to a suit before court.

**INSTRUCTIONS**

Read the Paperwork Reduction Act and Privacy statements prior to respondents being asked to provide any information.

**Part I - FS and Recipient Information****Complete:**

1. Provide the Forest Service Unit name, e.g. Region/Forest/Ranger District/Station/Laboratory
2. List the type of program or activity being reviewed
3. Provide the Use Code (if this review involves a Special Uses authorization) or provide the grant number (if this review involves an applicant/recipient of a grant or agreement)
4. Provide the business/organization name; provide the recipient/applicant's (owner/manager) name, telephone number,
5. Provide the full address and e-mail.
6. Provide the current compliance review date
7. If the Forest Service previously reviewed the program or activity, provide the date.

**Part II - Pre-Award and Post-Award Checklist**

- Answer the first two questions under the "Reviewer Response"
- Questions 3-14: Ask the applicant/recipient questions 3-14 in Part II (note question 9 does not apply to Special Use permits), record answer to each question (include additional narratives as indicated).
- Use "Part III - Summaries" to record the recipient/applicant's explanation and narrative description and/or describe the rationale for a negative response and as a supplement to a response to any question asked in "Part II."

**Part III - Summaries for Pre-Award and Post-Award Review**

Use this section to describe or explain the applicant/recipient's answers to questions in Parts I, II, and IV, and to summarize any deficiencies and/or barriers, and plans for corrective actions.

**Part IV - Self-Evaluation for Accessibility**

Answer question 1

- Ask the recipient if they have conducted the self-evaluation (Section 504 of the Rehabilitation Act of 1973), which certifies the completion of a self-evaluation of their policies and practices for accessibility to persons with disabilities, within one year after receiving a permit, cooperative agreement or domestic grant. 7CFR15b.8(C) Verify the date and describe in Section III Additional Information.
- If the answer is no, then ask questions 2-10 in this section and evaluate responses to determine if level of accessibility compliance is acceptable.
- For question 8a. - Verify if partners are aware of and will use qualified American Sign Language Interpreter Services if requested.
- For question 8b. - If the recipient is developing multimedia and computer based products (websites, databases) as a result of the project/partnership, require accessibility (captioning) and compliance with the Rehabilitation Act of 1973, as amended.

File the record (with original signature) along with FS-1700-0006B and FS-1700-0006C in the Forest Service recipient's case file. If the Recipient requests a copy of the full review record in FS-1700-0006, only the recipient response FS-1700-0006A will be provided.