



Arizona Department of Education
Health and Nutrition Services

Civil Rights Pre-Award Compliance for New NSLP Sponsors

Sponsors of the Child Nutrition Programs are required to use the following items to publicize the Program's availability and nondiscrimination requirements:

- Free and Reduced-Price Policy Statements
Letters to Parents
Public Releases
Other materials used to publicize the program's availability and nondiscrimination requirements

Please submit the following information prior to the receipt of Federal funds:

- 1. Sponsor Name: Phone:
Address: Fax:
Zip Code:
E-mail:

2. In the table below, indicate the number of students enrolled from each ethnic and racial group. The total enrolled for ethnicity should equal the total enrolled for race. Next, calculate the enrolled percentage by dividing the number of enrolled students in each group by the total number of students enrolled. Finally, indicate the service area data from https://data.census.gov/cedsci/. For assistance, please refer to the 'How to Complete Ethnic and Racial Data' instructions.

Table with 4 columns: ETHNIC CATEGORY, ENROLLED, ENROLLED %, SERVICE AREA%. Rows include Hispanic or Latino, Non-Hispanic or Non-Latino, RACIAL CATEGORY (White, Black or African American, American Indian and Alaska Native, Asian, Native Hawaiian/ Pacific Islander, Some Other Race, Two or More Races\*), and TOTAL.

3. Are there membership requirements as a prerequisite for admission? Yes No

If yes, please describe those requirements:

4. List names of other Federal agencies which provide assistance to the applying organization:

5. Has the applying organization ever been found to be in Civil Rights noncompliance with any of the Federal agencies listed in question 4? If yes, please explain:

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6. What efforts will be made by the applying organization to contact minority and grassroots organizations about the opportunity to participate in the program? Please describe all outreach efforts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Has the applying organization advised employees to immediately notify the U.S Department of Agriculture Food and Nutrition Services and the Arizona Department of Education of any complaints or lawsuits filed against the organization which allege discrimination of any of the protected classes? Note: Protected classes include race, color, national origin, age, sex and disability. Yes No

If no, indicate the steps that are being taken to comply with this requirement (Title VI of the Civil Rights Act of 1964; American with Disabilities Act (ADA); Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973; and the Age Discrimination Act of 1975): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. How has the applying organization taken steps to notify employees, participants, and applicants that the agency does not discriminate against any of the protected classes? Please list steps: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Are there any policies and procedures set in place to ensure that corrective action will be taken if complaints of discrimination occur? Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Has the applying organization received any civil rights compliance reviews regarding the program applicant conducted during the 2-year period before the application? Yes No

If yes, list all information concerning the agency or organization performing the review and periodic statements by any recipient regarding such reviews. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ will ensure to compile and maintain records required by the FNS  
(Name of Designated Official/Authorized Representative)  
guidelines or other directives.

In the event that the Arizona Department of Education or Food Nutrition Services determines the information listed above is insufficient, inaccurate or not in compliance with the [CR requirements](#), an onsite preapproval compliance review must be conducted. The report of the preapproval/pre-award compliance review must include specific facts upon which the written determination of compliance is made. Note: If an [on-site visit is required](#), this application will be deferred pending prompt initiation and completion of administrative action.

I have read and understand all the above requirements of the Civil Rights Pre-Approval Compliance form.

\_\_\_\_\_  
Signature – Designated Official/Authorized Representative

\_\_\_\_\_  
Date