

Department of Workforce Development
Department of Health Services

(For the funding period from January 1, 2010 to December 31, 2010)

**Civil Rights Compliance
LETTER OF ASSURANCE TEMPLATE**

1. RECIPIENT CONTACT INFORMATION AND SIGNATURE PAGE

Recipient	
Address (include city, state, zip code and county)	
Print Name of Equal Opportunity Coordinator NONE	
Signature of Equal Opportunity Coordinator	Signature Date
Phone Number () -	Email
Print Name of Limited English Proficiency (LEP) Coordinator NONE	
Signature of LEP Coordinator	Signature Date
Phone Number) -	Email
Print Name of Executive Director or Chief Executive Officer (CEO) NONE	
Signature of Executive Director or CEO	Signature Date
Phone Number () -	Email

- Notes: **Be sure to show the names in print as well as include their signatures.**
- **Important:** Please provide e-mail address(es) as we use e-mail to communicate training opportunities and policy updates.

2. FUNDING RELATIONSHIP TO DWD/DHS AND/OR ANOTHER ENTITY

Please check as many as applicable:

	List of Contract or Program Name	Contract Amount (\$)																					
1. Our agency has a direct contract, purchase order (PO), or funding agreement with DWD. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.																						
	2.																						
	3.																						
2. Our agency has a direct contract, purchase order (PO), or funding agreement with DHS. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.																						
	2.																						
	3.																						
3. Our agency has a direct contract with DWD or DHS, otherwise known as a Primary Recipient, and also has issued a subcontract to another Primary Recipient of DWD or DHS for programs/services/activities covered under the requirements of this document. <input checked="" type="checkbox"/> NO																							
3a. <table style="width: 100%; border: none;"> <tr> <td style="width: 45%;"></td> <td style="width: 10%;"></td> <td style="width: 45%;">Agency:</td> </tr> <tr> <td>a. County</td> <td>Yes</td> <td>_____</td> </tr> <tr> <td>b. Municipality</td> <td><input type="checkbox"/> Yes</td> <td>_____</td> </tr> <tr> <td>c. University</td> <td><input type="checkbox"/> Yes</td> <td>_____</td> </tr> <tr> <td>d. School District</td> <td><input type="checkbox"/> Yes</td> <td>_____</td> </tr> <tr> <td>e. Area Technical College</td> <td><input type="checkbox"/> Yes</td> <td>_____</td> </tr> <tr> <td>f. Profit/Non-profit Entity</td> <td><input checked="" type="checkbox"/> Yes</td> <td>Lakeland Care District</td> </tr> </table>					Agency:	a. County	Yes	_____	b. Municipality	<input type="checkbox"/> Yes	_____	c. University	<input type="checkbox"/> Yes	_____	d. School District	<input type="checkbox"/> Yes	_____	e. Area Technical College	<input type="checkbox"/> Yes	_____	f. Profit/Non-profit Entity	<input checked="" type="checkbox"/> Yes	Lakeland Care District
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4. Our agency has a direct contract with DWD or DHS and also is the recipient of a subcontract from another Primary Recipient of DWD or DHS for programs/services/activities covered under the requirements of this document. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
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f. Profit/Non-profit Entity	<input checked="" type="checkbox"/> Yes	Lakeland Care District
Note: If you are unsure if an entity is a Primary Recipient of DWD or DHS, please contact the appropriate representatives identified in Section H Technical Assistance.		

3. FUNDED PROGRAMS CHECKLIST

Please check all the programs/services/activities received under grant/contract or other agreement from DWD that are covered by this CRC Letter of Assurance or CRC Plan:

<input type="checkbox"/> Wisconsin Works (W-2)	<input type="checkbox"/> FoodShare Employment & Training
<input type="checkbox"/> Workforce Investment Act (WIA)	<input type="checkbox"/> Refugee Programs
<input type="checkbox"/> Child Support	<input checked="" type="checkbox"/> Other (specify): Family Care
<input type="checkbox"/> Child Care	<input type="checkbox"/> Other (specify):

Please check all the programs/services/activities received under grant/contract or other agreement from DHS that are covered by this CRC Letter of Assurance or CRC Plan:

<input type="checkbox"/> Adoption and Foster Care	<input type="checkbox"/> FoodShare Wisconsin (Food Stamps)
<input type="checkbox"/> Aging	<input type="checkbox"/> Home Consultation Services for Child-related Programs
<input type="checkbox"/> Programs and Services for the Blind	<input type="checkbox"/> Long Term Care
<input type="checkbox"/> Chronic Disease and Health Prevention	<input checked="" type="checkbox"/> FamilyCare
<input type="checkbox"/> Communicable Diseases	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Programs/Services for Deaf & Hard of Hearing	<input type="checkbox"/> Milwaukee Child Welfare Program
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Bioterrorism
<input type="checkbox"/> Disability Determination (SSI/SSDI)	<input type="checkbox"/> Regulations and Licensing for Child Care, Group Foster Homes and Child Welfare
<input type="checkbox"/> Emergency Medical Services and Injury Prevention	<input type="checkbox"/> Substance Abuse/Tobacco
<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Foster Care/Kinship Care
<input type="checkbox"/> Family Health and Community Health	<input type="checkbox"/> Refugee Health
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):

Other DHFS Type A Programs: (See Single Agency Audit requirements for description of Types)

<input type="checkbox"/> Brain Injury, Community Supported Living Arrangement	<input type="checkbox"/> Community Options Program Waivers (COP-W)
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<input type="checkbox"/> Case Management Agency Provider/ Wisconsin Medical Assistance Program	<input checked="" type="checkbox"/> Long Term Care/Family Care
<input type="checkbox"/> Community Integration Program IA, IB (CIP IA, CIP IB)	<input type="checkbox"/> Medicaid Personal Care Program
<input type="checkbox"/> Community Integration Program II (CIP II)	<input type="checkbox"/> Other (specify):

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4. CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE

(For the funding period from January 1, 2010 to December 31, 2010)

As a condition of funding under this contract, (Recipient) _____ provides the following assurances:

- A. Service Delivery:** Services will be provided without discrimination in compliance with, but are not limited to, the following laws, regulations and guidelines:
- Age Discrimination Act of 1975.
 - Age Discrimination in Public Health and Welfare, 42 USC s. 6103, 1996 amendments.
 - Civil Rights Act of 1964, Title VI, as amended.
 - Civil Rights Restoration Act 1987.
 - Civil Rights Act of 1991.
 - [Education Amendments of 1972 - Title IX, as amended](#).
 - Executive Order 13166, Limited English Proficiency Guidelines.
 - Public Health Service Act, Title VI and XVI.
 - Omnibus Budget Reconciliation Act of 1981, Titles II, III and IV of the Americans with Disabilities Act (ADA) of 1990, and if applicable, the [Personal Responsibility and Work Opportunity Reconciliation Act of 1996. \(PRWORA\)](#).
 - Section 504 of the Rehabilitation Act of 1973.
 - The Food Stamps Act of 1977, as amended by the Food Stamp Improvement Act of 1974, Section 17 of the Child Nutrition Act of 1966, as amended for Special Supplemental Nutrition Programs for Women, Infants and Children (WIC) and WIC Farmers' Market Nutrition Program (FMNP) 7 C FR Part 246 and Part 248.
 - The Emergency Food Assistance Act of 1983 (Public Law 98-8), as amended, 7 CFR Parts 250 and 251, SDA Regulations 7 CFR 16, Equal Opportunity for Religious Organizations.
 - USDA Department Regulations 4330-2, Activities Receiving USDA Financial Assistance.

No otherwise qualified person, shall be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination in any manner on the basis of age, race, color, disability, association with a person with a disability, gender, and national origin. If applicable, no qualified person will be denied Food Share participation based on all of the above, as well as for religious belief and political affiliation.

Sign	Date Signed
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