

OREGON DEPARTMENT OF JUSTICE
Crime Victims' Services Division

CERTIFICATION – Civil Rights Training

Civil rights training must be renewed every 2 years

| | |
|---|--|
| GRANTEE NAME | |
| VOCA-NC Grant # | |
| VOCA-C Grant # | |
| VAWA-C GRANT # | |
| SASP Grant # | |
| Joint Grant # (required if grant includes VOCA or VAWA) | |

I certify that I have attended the Oregon Department of Justice Crime Victims' Services Division (CVSD) In-Person Civil Rights Training **or** I have reviewed the CVSD PowerPoint presentation on Civil Rights & Grants and viewed at least one online training module offered by the U.S. Department of Justice, Office for Civil Rights (OCR) listed below (numbers 3-7).

I accept responsibility for ensuring that project staff is trained and understands their responsibilities related to the federal civil rights laws applicable to recipients of federal funds covered in the training materials cited below. I understand that if I have any questions about the material presented and my responsibilities as a Grantee that I will contact my CVSD Fund Coordinator.

| Training | Date Completed | # Staff Trained |
|---|-----------------------|------------------------|
| 1. CVSD-Sponsored In-Person Civil Rights Training | | |
| 2. CVSD PowerPoint presentation on Civil Rights & Grants | | |
| 3. Overview of OCR and Laws Enforced | | |
| 4. Obligations of Recipients to Provide Services to LEP Persons | | |
| 5. Civil Rights Laws that Affect Funded Faith Based Organizations | | |
| 6. Civil Rights Protections for American Indians in DOJ Funded Programs | | |
| 7. Standard Assurance and the OCR Enforces Civil Rights Laws | | |

| Certification of Public Notification Requirements | Yes | Pending |
|---|------------|----------------|
| 1. Policy of nondiscrimination and procedure for filing civil rights complaint posted | | |
| 2. Policy of nondiscrimination and procedure for filing civil rights complaint displayed on all forms of communication available to the public regarding program availability | | |

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|--|--|
| Signature (Program Director or designee) | |
| Printed Name | |
| Date | |

Please print, sign and upload into E-grants under *My Organization, Organization Details, Civil Rights Training Certification.*