

## Military Department of Tennessee TITLE VI Self-Survey

1. Effective Date of Survey: 1 October 2016 – 30 September 2017

2. Name of Respondent (City, County or Agency) \_\_\_\_\_

COUNTY: \_\_\_\_\_

3. Street Address \_\_\_\_\_ PO Box (if applicable): \_\_\_\_\_

City \_\_\_\_\_ PO Box Zip Code: \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ FAX NO. \_\_\_\_\_ Email \_\_\_\_\_

4. Name and Title of Administrative Head

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(TITLE)

5. Name and Title of Local Title VI Coordinator \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
(NAME) \_\_\_\_\_  
(TITLE)

6. List appointed Advisory Committee Members. May be an existing committee or board (i.e., Planning Commission or Zoning Board, etc). You only need one Title VI Committee (5-7 people).

A. Are the members of the above listed Committee: Elected \_\_\_\_\_ **or** Appointed \_\_\_\_\_

Please furnish information on each Advisory Committee Member:

	<u>NAME</u>	<u>RACE</u>	<u>GENDER</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

B. What are the terms of service? \_\_\_\_\_ (years or months)

C. If minorities represent 5% (or more) of the population in the geographic service area but not serving on any advisory groups, what steps will be taken to obtain minority representation? \_\_\_\_\_

7. Do you have a written non-discrimination policy stating that services will be provided to all persons without regard to race, color or national origin?

YES \_\_\_\_\_ NO \_\_\_\_\_

8. Are Title VI information posters, including the name of the local coordinator prominently and publicly displayed?

YES \_\_\_\_\_ NO \_\_\_\_\_

9. Are permanent records kept on all Title VI complaints?

YES \_\_\_\_\_ NO \_\_\_\_\_ NA \_\_\_\_\_

10. If applicable, describe any complaints received last year(FY15). List name, race, charge and findings. *(If None, please indicate)*

11. Is Title VI information disseminated to your employees, clients, constituents, and the public?

YES \_\_\_\_\_ NO \_\_\_\_\_

Describe the way in which they are informed. \_\_\_\_\_

12. Are you confident that applicants and clients are aware of their rights under Title VI of the Civil Rights Law, including the right to file a complaint?

YES \_\_\_\_\_ NO \_\_\_\_\_

13. Are new employees clearly informed about their specific responsibilities to clients under Title VI?

YES \_\_\_\_\_ NO \_\_\_\_\_

14. Are the Title VI Coordinator and Staff trained annually regarding compliance and responsibilities?

YES \_\_\_\_\_ NO \_\_\_\_\_

15. If yes, please state the way in which this is done. \_\_\_\_\_

\_\_\_\_\_

16. Do all contracts that provide direct services contain a Title VI Statement of Compliance?

YES \_\_\_\_\_ NO \_\_\_\_\_

17. Are all physical areas (i.e., rest rooms, dining rooms, waiting rooms, etc.) provided without regard to race, color or national origin?

YES \_\_\_\_\_ NO \_\_\_\_\_

18. All sub-recipients of Federal Financial Assistance must be prepared to provide service for those with Limited English Proficiency (LEP). Do you have a LEP plan in place?

YES \_\_\_\_\_ NO \_\_\_\_\_

There have been no instances of LEP in our service area \_\_\_\_\_

19. Do you have any problems, questions or suggestions concerning this survey form?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any questions answered **NO**, must be fully explained with compliance date projected.

All answers provided are subject to verification by the Military Department Program Monitors.

**DECLARATION OF RESPONDENT:** I declare that I have completed this survey to the best of my knowledge and believe it to be true and correct.

\_\_\_\_\_  
SIGNATURE OF TITLE VI COORDINATOR

\_\_\_\_\_  
DATE

**DECLARATION OF ADMINISTRATIVE HEAD:** I declare that I have reviewed and approved the information provided in this survey and to the best of my knowledge and believe it is true, correct and complete.

\_\_\_\_\_  
SIGNATURE OF ADMINISTRATIVE HEAD

\_\_\_\_\_  
DATE

Self Surveys are accepted by mail, email or FAX. Please ensure two signatures are on page four of the self survey, typed names are not accepted as signatures.

**RETURN TO: William P. Wenzler, Title VI Compliance Officer  
Military Dept of Tennessee, State Admin Services  
P.O. Box 41502  
Nashville, TN 37204**

**FAX NO: 615-313-0611**

**Email: [linda.crawford@tn.gov](mailto:linda.crawford@tn.gov)**

## **Instructions for Completing the Title VI Self-Survey**

**For question #5:** Designate one person to be the Title VI Compliance Coordinator. Many Mayors of our smaller communities have chosen to wear this hat themselves. Others have named their secretary, the city manager, the city registrar, city recorder, a councilman or alderman, the sheriff, the police chief, personnel director or emergency management director.

Some of the duties of this person will be: Completing the survey once a year, putting up the poster and coordinating any civil rights complaints lodged against the sub-recipient.

**For question #6:** This refers to the make-up of the Title VI Advisory Committee (such as a zoning, planning or a building commission). This can be any of your present committees, board or a commission, given the extra responsibility of Title VI Advisory. You only NEED ONE TITLE VI COMMITTEE (5-7 PEOPLE).

**\*\*NOTE:** Information required for each Committee Member

Failure to complete the entire form will result in a non-compliance status for your agency. A Non-Compliance status may delay payment requests. Once compliance is met by completion of the Title VI Self-Survey Form, the payment process will resume.

Your Self-Survey must be updated and submitted each year the grant or contract remains in effect, or if any information changes on your existing survey on file.

**This is an annual (Federal Fiscal year) requirement. All documents on file expire on 30 September each year.**

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**FY 17**