

IOWA DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

CRIME VICTIM ASSISTANCE DIVISION

**CERTIFICATION-CIVIL RIGHTS TRAINING**

Agency Name:

Program Name:

Grant Number:

I certify that I have viewed the following Office for Civil Rights (OCR) online training modules offered by the U.S. Department of Justice, Office for Civil Rights:

|  |  |
| --- | --- |
| **Training** | **Date Completed** |
| Overview of OCR and Laws Enforced |  |
| Obligations of Recipients to Provide Services to LEP Persons |  |
| Civil Rights Laws that Affect Funded Faith Based Organizations (if applicable) |  |
| Civil Rights Protections for American Indians in DOJ Funded Programs and Obligations of Funded Indian Tribes |  |
| Standard Assurance and How the OCR Enforces Civil Rights Laws |  |

I accept responsibility for ensuring at the beginning of the grant cycle that Agency staff are trained and understand their responsibilities related to the federal civil rights laws applicable to recipients of federal funds.

Signature of Designated Civil Rights Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**This form should be printed, signed and uploaded into IowaGrants.gov as part of your**

**grant application**