



Institution _____

CACFP APPLICATION FOR PARTICIPATION CIVIL RIGHTS COMPLIANCE

Provide an **ESTIMATE** (using the attached form) of the **Racial/Ethnic Makeup of the Population to be Served on line 1** using **Racial/Ethnic Data for Montana Children 0-12 Years by County and Reservation for the area which your organization serves.**

Provide an **ACTUAL** count of the **Racial/Ethnic Makeup of the Population the entity is serving on line 2.**

	Black	Hispanic	American Indian Or Alaskan	Asian	White (Not Hispanic)	Total
Census Data <small>(see attached lists)</small>						
Actual						

Describe Efforts to Be Used to:

- (1) Assure that minority populations have equal opportunity to participate.

- (2) Contact minority and grassroots organizations concerning the availability of your program (list grassroots organizations you have contacted).

- (3) List any other Federal Agencies which provide support.

NONDISCRIMINATION CLAUSE

THE INSTITUTION HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the Regulations of the Department of Agriculture (7 CFR Part 15, Department of Justice (28 CFR Parts 42 and 50), and FNS directives or regulations issued pursuant to that Act and the Regulations, to the effect that, no person in the United States shall, on the grounds of race, color, national origin, sex, age, or disability be excluded from participation in, or be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which the applicant received Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

THIS ASSURANCE IS given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants and loans of Federal funds, reimbursable expenditures, grant or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use, Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the applicant by the Department. This includes any Federal agreement, arrangement, or other contract which has as one of its purposes the provision of assistance such as food, food stamps, cash assistance for the purchase of food and any other financial assistance extended in reliance on the representations and agreements made in this assurance.

BY ACCEPTING THIS ASSURANCE, the applicant agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of Title VI and permit authorized USDA personnel during normal working hours to review such records, books and accounts as needed to ascertain compliance with Title VI. If there are any violations of this assurance, the Department of Agriculture, Food and Consumer Service, shall have the right to seek judicial enforcement of this assurance.

This assurance is binding on the applicant, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from the Department. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the applicant.

CERTIFICATION STATEMENT

I HEREBY CERTIFY that all the above information is true and correct. I understand that this information is being given in connection with the receipt of Federal funds; that Department Officials may, for cause, verify information; and that deliberate misrepresentation will subject me to prosecution under applicable State and Federal criminal statutes.

Signature on Behalf of Institution by Authorized Representative	Montana Department of Public Health & Human Services (Child & Adult Care Food Program)
By: _____ Signature	By: _____ Signature
Name: _____ (Print or Type)	Name: _____ (Print or Type)
Title: _____	Title: _____
Date: _____	Date: _____