

**Interviewee preparation checklist  
Equal Opportunity Program Delivery Compliance Review**

This is NOT a form that grantees must fill out and submit. It is a checklist to help grantees prepare for a telephone conversation with a Forest Service program manager who is conducting Equal Opportunity (EO) Program Delivery Compliance Reviews.

<b>PART II – PRE-AWARD AND POST-AWARD CHECKLIST <input checked="" type="checkbox"/></b>			
Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input checked="" type="checkbox"/>	If explanations are provided, enter in Section IV.
<b>APPLICANT/RECIPIENT RESPONSES:</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Do your applicable publications, informational materials (including computer-based) and signs contain a statement of affiliation with the FS?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Do the publications (e.g., brochures, advertisements) and other informational materials you use contain the USDA nondiscrimination statement?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Do you communicate to customers how to file a complaint with USDA? (Describe in Part IV – Additional Information, below)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Do promotional illustrations depict individuals representing diversity, i.e. ethnicity, race, color, national origin, sex, age, persons with disabilities?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Is the <i>And Justice for All</i> poster (Form AD-475C) in a visible location for program participants/customers and employees?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Are any of your program/project informational materials provided to your customers in languages other than English? If so, provide/attach example(s).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you gather voluntary information regarding the race, color, national origin, sex, age, and disability on the proposed and present membership of planning or advisory boards/councils to ensure diversity representation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. a. Before conducting outreach activities for your program or project, do you refer to census data or other information to identify the population (by race, national origin, sex, age, and disability) eligible to be served?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Do you then use this information in planning your outreach strategies?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Have any customers raised issues alleging discrimination or filed discrimination complaints against your program(s) in the past 2 years? If yes, describe in Part IV – Additional Information (below)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you explained the civil rights and nondiscrimination responsibilities to your employees? Have you explained the above expectations to your sub-recipients?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Are your program(s) and facilities fully accessible to persons with disabilities? If no, explain in Part IV – Additional Information (below)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. a. Are there any architectural barriers to your facilities preventing full accessibility to your program(s) by participants?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. If yes, was an action/transition plan created to remove barrier(s) and maintained in your files? Describe progress in Part IV, Additional Information (below)

PART III – ADDITIONAL QUESTIONS FOR POST-AWARD REVIEWS			
Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input checked="" type="checkbox"/>	
<b>INTERVIEW AN EMPLOYEE OF THE RECIPIENT:</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Have you been trained or informed of your responsibilities under civil rights laws about nondiscrimination?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Have you received information on how to advise participants/customers on filing a program discrimination complaint? Description of training, guidance, etc.:          Name of Employee (Optional):



Note: The applicant and recipient should retain a copy of the following section (Part V). The Forest Service will retain the original in the applicant's and/or recipient's case file or record.

PART V – RECORD OF SELF-EVALUATION FOR ACCESSIBILITY			
Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input checked="" type="checkbox"/>	
<b>Questions:</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Did you conduct a "Self-Evaluation of Accessibility" according to Section 504 of the Rehabilitation Act of 1973, within one year after receiving a permit, agreement, or grant? If you answered NO to this question, answer the questions below to determine your level of compliance with accessibility requirements for your program or activity.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Do you review policies, practices, and procedures to ensure that none contains language that excludes qualified persons with disabilities from services?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Do you offer assistance, when appropriate, in filling out forms to qualified persons with disabilities?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Do you notify associations of/persons with disabilities of your services through public outreach efforts?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Do you allow persons with disabilities to take an application home (upon request) to be completed, because the person's disability precludes completion on site?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Do you ensure access to persons with mobility limitations or other impairments, if transportation services provided?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Do you provide auxiliary aids and services to qualified persons with disabilities, e.g., large print menus or material, pen and paper at ticket sales offices?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Do you provide qualified sign-language interpreter services, if such services are requested?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are audio-visual presentations and videos (closed) captioned? Are computer-based products accessible?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you ensure that all new and newly renovated buildings and facilities comply with appropriate accessibility standards or have waivers to requirements?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Do you ensure that facilities for services have an emergency egress plan?