

Oregon Department of Justice – Crime Victim and Survivor Services Division
CERTIFICATION OF COMPLIANCE WITH REGULATIONS
OFFICE FOR CIVIL RIGHTS, OFFICE OF JUSTICE PROGRAMS
FOR SUBAWARDS ISSUED BY THE OREGON DEPARTMENT OF JUSTICE

INSTRUCTIONS: Complete the identifying information, which is found on the Grant Award face sheet, in the table below. Read the form completely, **identifying, under “I,” the person responsible for reporting civil rights findings; and checking only the one certification under “II” that applies to your agency.** Have your Authorized Official sign as appropriate on pages 1-3, forward a copy to the person you identified under “I”, keep a copy for your records, and return the original to the Oregon Department of Justice, Crime Victim and Survivor Services Division, 1162 Court Street NE, Salem, OR 97301-4096 along with your Grant Agreement and Exhibits A, B, C, and E.

Grant Award:	Grant Title:
Subrecipient Name (Funded Entity):	
Address:	
Project Period: Start Date: _____ End Date: _____	Award Amount: _____
Contact Name, Phone # & E-mail address:	

AUTHORIZED OFFICIAL’S CERTIFICATION: As the Authorized Official for the above Subrecipient, I certify, by my signature below, that I have read and am fully cognizant of our duties and responsibilities under this Certification.

I. **REQUIREMENTS OF SUBAWARD RECIPIENTS:** All subaward recipients (regardless of the type of entity or the amount awarded) are subject to prohibitions against discrimination in any program or activity, and must take reasonable steps to provide meaningful access for persons with limited English proficiency.

◆ I certify that this agency will maintain data (and submit when required) to ensure that: our services are delivered in an equitable manner to all segments of the service population; our employment practices comply with Equal Opportunity Requirements, 28 CFR 42.207 and 42.301 *et seq.*; our projects and activities provide meaningful access for people with limited English proficiency as required by Title VI of the Civil Rights Act, (*See also*, 2000 Executive Order #13166).

◆ I also certify that the person in this agency or unit of government who is responsible for reporting civil rights findings of discrimination will submit these findings, if any, to the Oregon Department of Justice within 45 days of the finding, and/or if the finding occurred prior to the grant award beginning date, within 45 days of receipt of this form. A copy of this Certification will be provided to this person, as identified here:

Person responsible for reporting civil rights findings of discrimination:

I certify that _____ [Subrecipient] will comply with applicable federal civil rights laws that prohibit discrimination in employment and in the delivery of services.

 Print or Type Name and Title Signature Date

II. EQUAL EMPLOYMENT OPPORTUNITY PLAN (EEOP) CERTIFICATIONS:

The federal regulations implementing the Omnibus Crime Control and Safe Streets Act (Safe Streets Act) of 1968, as amended, require some recipients of financial assistance from the U.S. Department of Justice subject to the statute's administrative provisions to create, keep on file, submit to the direct Recipient, OR DOJ CVSSD, for review, and implement an Equal Employment Opportunity Plan (EEOP). See 28 C.F.R. pt. 42, subpt. E. Check the box before **ONLY THE ONE APPROPRIATE CERTIFICATION** (A, B, or C below) that applies to this Subrecipient agency during the period of the grant duration noted above.

CERTIFICATION A: Declaration Claiming Complete Exemption from the EEOP Requirement

Please check all the following boxes that apply:

- Subrecipient is an educational, medical or non-profit institution or an Indian Tribe; and/or
- Subrecipient has less than 50 employees; and/or
- Subrecipient was awarded less than \$25,000 in federal U.S. Department of Justice funds.

If a subrecipient agency is claiming exemption from the EEOP requirement, then the subrecipient agency must certify they are exempt and provide this certification to OR DOJ CVSSD.

I, _____ [authorized official], certify that _____ [Subrecipient] is not required to prepare an EEOP for the reason(s) checked above, pursuant to 28 C.F.R § 42.302.

Print or Type Name and Title

Signature

Date

CERTIFICATION B: Declaration Stating that an EEOP Certification Form and Utilization Report Has Been Submitted to Office for Civil Rights (OCR) for Review

If a recipient agency has fifty or more employees and is a direct recipient of funding subject to the Safe Streets Act, receiving a single award of \$25,000 or more, then the recipient agency must submit an EEOP certification form and an EEOP Utilization Report to OCR for review. The utilization report should be submitted electronically to OCR through the EEOP Report Builder for DOJ Direct Recipients at [OCR - EEOP \(ojp.gov\)](http://ocr-eeop.ojp.gov).

I, _____ [authorized official], certify that _____ [Subrecipient], which has fifty or more employees and is receiving a single award of \$25,000 or more, has formulated an EEOP in accordance with 28 CFR pt. 42, subpt. E, and sent an EEOP Utilization Report for review on _____ [date] to the OCR.

Print or Type Name and Title

Signature

Date

See next page for "Certification C" option

☐ CERTIFICATION C: Declaration Stating that an EEOP Certification Form and Utilization Report Has Been Submitted to OR DOJ CVSSD for Review

*If a subrecipient agency has fifty or more employees and is receiving a single award of \$25,000 or more as a **subrecipient**, then the subrecipient agency must submit an EEOP certification form and an EEOP Utilization Report to OR DOJ CVSSD for review. The subrecipient may use the EEOP Report Builder tool for DOJ Sub-Recipients found at [OCR - EEOP \(ojp.gov\)](http://ocr-eeop.ojp.gov) to create their EEOP Utilization Report. The utilization report should be submitted electronically to OR DOJ CVSSD through the Egrants system.*

I, _____ [authorized official],
certify that _____ [Subrecipient],
which has fifty or more employees and is receiving a single award of \$25,000 or more, has formulated an
EEOP in accordance with 28 CFR pt. 42, subpt. E, and sent an EEOP Utilization Report for review on
_____ [date] to the Oregon Department of Justice, Crime Victim and Survivor Services
Division.

Print or Type Name and Title	Signature	Date
* * * * *		

This original signed form must be returned to the Oregon Department of Justice, Crime Victim and Survivor Services Division, 1162 Court Street NE, Salem, OR 97301-4096, along with your Grant Agreement and Exhibits A, B, C, and E. You must also forward a signed copy to the person you identified under "I" on page 1. Please retain a copy for your records.

For more information regarding EEOP requirements, please access the Office for Justice Programs, Office for Civil Rights web page at: <https://ojp.gov/about/ocr/eeop.htm>.