

## Department of Economic and Community Development

## Title VI Pre-Audit Survey

	Date:					
	Applicant:					
	Local Govt	Private Busines	ss	Non-Profit		
	Address:					
	City:			State:		
	Phone:	County	y:			
	Chief Administr	ator:				
	Title:					
	Compliance Of	ficer:				
	Title:					
Act of	1964 and will be u	is being collected for used in accordance wi to TNECD so that you	ith applicab	ole Federal lav	v. This form	n must be
1.	What is the racia	I composition of the p	opulation ir	າ your geogra	phic service	e area?
2.	What is the racia	l composition of your	advisory or	· governing bo	oard?	
3.		ory or governing board tely reflective of the lo				
4.		cy have a written poli I be provided to all pe				

5. Are your projects and programs advertised to the public without regard to race, color or national origin? Explain your answer. 6. Has a federal or state agency found you in noncompliance with civil rights requirements? 7. Has a civil rights compliance review been conducted onsite by a federal or state agency within the last two years? \_\_\_\_ Please feel free to attach additional sheets of information if needed. Declaration of Respondent: I declare that I have completed the data in this survey and to the best of my knowledge and belief; it is true, correct and complete. **Compliance Officer:** Printed Name: Signature: \_\_\_\_ Declaration of Chief Administrator: I declare that I have reviewed and approved the information provided in this self-survey and to the best of my knowledge and belief, it is true, correct and complete. **Chief Administrator:** Printed Name: Signature: \_\_\_\_\_

Please attach a copy of your policy to this survey.

If no, when will your policy be developed?