

CERTIFICATION OF COMPLIANCE WITH REGULATIONS
OFFICE FOR CIVIL RIGHTS OFFICE OF JUSTICE PROGRAMS
FOR SUBGRANTS ISSUED BY THE NEW MEXICO CRIME VICTIMS REPARATION COMMISSION

INSTRUCTIONS: Complete the identifying information, which is found on the Statement of Grant Award (SOGA), 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 at the bottom of page 2, forward a copy to the person you identified under "I" and return the original to the New Mexico Crime Victims Reparation Commission, 8100 Mountain Rd. NE, Suite 106, Albuquerque, NM 87110 within 45 days of the grant awarded beginning date.

Grant #	Grant Project Title:		
Subgrantee Name (Funded Entity):			
Address:			
Duration: Beginning date:		End date:	Award: \$
Project Director's Name & Phone #:			

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

- I. **CIVIL RIGHTS REQUIREMENTS OF SUBGRANT RECIPIENTS:** All subgrant recipients regardless of the type of entity or the amount awarded, are subject to the prohibitions against discrimination in any program or activity.

I certify that this project will maintain, and submit when required, data to ensure our services are delivered in an equitable manner to all segments of the service population and our employment practices comply with Equal Opportunity Requirements, 28 CRF 42.207 and 42.301 et seq.

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 to the Division of Criminal Justice within 45 days of the finding, and/or if the findings occurred prior to the grant award beginning date, within 45 days of the grant award beginning date. A copy of this Certification will be provided to this person, as identified here:

Person responsible for reporting civil rights findings of discrimination: (Name, address & phone)

- II. **EQUAL EMPLOYMENT OPPORTUNITY PLAN (EEOP) CERTIFICATIONS:** Check the box before **ONLY THE ONE APPROPRIATE CERTIFICATION** (A, B, C1 OR C2 below) that applies to this subgrantee during the period of the grant duration noted above.

CERTIFICATION "A" [NO EEOP IS REQUIRED if (1), (2) or (3), below, apply.] This is the Certification that most non-profits and small agencies will use. Check (1), (2) and/or (3) as they apply to your entity. (More than one may apply.)

This funded entity has not been awarded more than \$1 million cumulatively from all programs administered by the U.S. Department of Justice over an 18-month period that includes the above grant durations period, and

___ (1) is an educational, medical or non-profit institution or an Indian Tribe; and/or

___ (2) has less than 50 employees, and/or

___ (3) was awarded through this grant from the New Mexico Crime Victims Reparation Commission less than \$25,000 in federal U.S. Department of Justice funds.

Therefore, I hereby certify that this funded entity is not required to maintain an EEOP, pursuant to 28 CRF 42.301, et seq.

CERTIFICATION OF COMPLIANCE WITH REGULATIONS, OFFICE FOR CIVIL RIGHTS, OFFICE OF JUSTICE PROGRAMS (Continued)

II. EQUAL EMPLOYMENT OPPORTUNITY PLAN (EEOP) CERTIFICATIONS: (Continued)

CERTIFICATION “B” (EEOP MUST BE ON FILE)

This funded entity, as a for-profit entity or a state or local government having 50 or more employees, was awarded, through this grant from the New Mexico Crime Victims Reparation Commission more than \$25,000, but less than \$500,000 in federal U.S. Department of Justice funds. Also, it has not been awarded more than \$1 million cumulatively from all programs administered by the U.S. Department of Justice over an 18-month period that includes the above grant duration period.

Therefore, I hereby certify that the funded entity has formulated an Equal Employment Opportunity Plan in accordance with 28 CFR 42.301, et seq., subpart E, that it has been signed into effect by the proper authority and disseminated to all employees, and that it is on file for review or audit by officials of the New Mexico Crime Victims Reparation Commission or the Office for Civil Rights, Office of Justice Programs as required by relevant laws and regulations.

CERTIFICATION “C1” (EEOP MUST BE SUBMITTED) This funded entity, as a for-profit entity or a state or local government having 50 or more employees, was awarded, through this grant from the New Mexico Crime Victims Reparation Commission more than \$500,000 in federal U.S. Department of Justice funds, but it has not been awarded more than \$1 million cumulatively from all programs administered by the U.S. Department of Justice over an 18-month period that includes the above grant duration period.

Therefore, I hereby certify that the funded entity will submit, within 45 days of the award, an EEOP or an EEOP Short Form, that will include a section specifically analyzing the subgrantee (implementing) agency.

CERTIFICATION “C2” (EEOP MUST BE SUBMITTED) This funded entity, having 50 or more employees, has been awarded more than \$1 million cumulatively from all programs administered by the U.S. Department of Justice, including this subgrant from the New Mexico Crime Victims Reparation Commission, over an 18-month period that includes the above grant duration period.

Therefore, I hereby certify that the funded entity will submit, within 45 days of the award, an EEOP or an EEOP Short Form, that will include a section specifically analyzing the subgrantee (implementing) agency. (If you have already submitted an EEOP applicable to this time period, send a copy of the letter received from the Office for Civil Rights showing that your EEOP is acceptable.)

As the Authorized Official for the above Subgrantee, I certify, by my signature below, that I have read and am fully cognizant of our duties and responsibilities under this Certification.

[Authorized Official’s signature]

[Date]

[Typed Name]

[Title]

* * * * *

This original signed form must be returned to the New Mexico Crime Victims Reparation Commission within 45 days of the grant award beginning date. You must also forward a signed copy to the person you identified under “I” on page 1.