



**INSTRUCTIONS FOR PREPARATION**

(1) State the name of the office and division name or location.

(2) Identify and describe the type of action being proposed.

(3) **Check only one.**

**If (a) is checked**, provide a narrative of the reasons for determining no civil rights impact is likely to result. Attach additional pages, as necessary. Statistical documentation should be referenced within the narrative.

**If (b) is checked**, provide a narrative of the reasons for determining a civil rights impact is likely to result. Attach additional pages, as necessary. Statistical documentation should be referenced within the narrative. In addition, alternatives or supplemental actions should be described in the space provided for that purpose.

(4) The official making the determination must sign and date the certification.

**Civil Rights Impact Analysis  
Certification**

1. Office and Division or Location.

\_\_\_\_\_

2. Proposed Policy Action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **I certify I have reviewed and analyzed appropriate documentation and determined that:**

((Check one) and provide the required information)

a. \_\_\_\_\_ **No major civil rights impact is likely to result** if the proposed action is implemented.  
Summarize your reasons for this conclusion. Identify supporting information and statistical data.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_ A major civil rights impact, as described below, is likely to result if the proposed action is implemented.

Identify the group which may be adversely affected. Summarize your reasons for this conclusion. Identify supporting information and statistical data.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To minimize the potential for an adverse impact, the following alternatives or supplemental action(s) are recommended.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name and Title of Certifying Official

\_\_\_\_\_  
Date