

USDA  
Form RD 400-8  
(Rev. 8-00)

Position 5

FORM APPROVED  
OMB No. 0575-0018

DATE OF REVIEW  (a)	COMPLIANCE REVIEW  (Nondiscrimination by Recipients of Financial Assistance through U. S. Department of Agriculture)	STATE (c)
SOURCE OF FUNDS  (b) <input type="checkbox"/> Direct <input type="checkbox"/> Insured		COUNTY (d)
		CASE NUMBER (e)
		DATE LOAN OR GRANT CLOSED (f)
TYPE OF ASSISTANCE		
<input type="checkbox"/> Housing Preservation Grant	<input type="checkbox"/> Water and Waste Disposal Loan or Grant	<input type="checkbox"/> RRH and LH Organization
<input type="checkbox"/> RBEG	<input type="checkbox"/> Grazing Association	<input type="checkbox"/> Intermediary Relending Program
<input type="checkbox"/> RBOG (g)	<input type="checkbox"/> EO Cooperative	<input type="checkbox"/> Rural Housing Site Loans
<input type="checkbox"/> B&I Loans	<input type="checkbox"/> Community Facilities	<input type="checkbox"/> Cooperative Service
<input type="checkbox"/> Other _____		
NAME OF BORROWER ORGANIZATION OR ASSOCIATION (h)		
ADDRESS OF BORROWER (i)		

I. STATISTICAL INFORMATION

(For the purpose of this report, the term "PARTICIPANTS" will be used to describe "USER," "MEMBERS," "OCCUPANTS," "SITE PURCHASER" OR Potential Users for pre-loan closing compliance reviews, as applicable.

A(1).

ETHNICITY	(a) POPULATION		(b) PARTICIPANTS			
	No.	%	THIS REVIEW		LAST REVIEW	
	No.	%	No.	%	No.	%
Hispanic or Latino						
Not Hispanic or Latino						
TOTAL	(c)	100%	(d)			
MALE	(e)		(f)			
FEMALE						

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0018. The time required to complete this information collection is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Used to report the results of compliance review on loans and grants to Rural Rental Housing, Business and Industry loans, Intermediary Relending Program, Community Facilities and other programs listed under "Type of Assistance".

(see reverse)

PROCEDURE FOR PREPARATION : RD Instructions 1901-E and 4284-F.

PREPARED BY : Compliance Review Officer.

NUMBER OF COPIES : Original and one.

SIGNATURES REQUIRED : Original signed by the Compliance Review Officer.

DISTRIBUTION COPIES : Copy to State Director, or State Executive Director; Original will be filed in the recipient's loan docket.



**PAGE 3**

**A (3). cont. EMPLOYEES**

**BOARD OF DIRECTORS**

RACE	MALE		FEMALE		RACE	MALE		FEMALE	
	No.	%	No.	%		No.	%	No.	%
American Indian/Alaskan Native					American Indian/Alaskan Native				
Asian					Asian				
Black or African American					Black or African American				
Native Hawaiian or Other Pacific Islander					Native Hawaiian or Other Pacific Islander				
White					White				
<b>TOTAL</b>					<b>TOTAL</b>				

**II. APPLICATION INFORMATION (Project, Facility, Complex or Lender)**

**B(1).**

ETHNICITY	Number of Application Received				Number of Applications Approved		Number of Applications Rejected	
	No.	%	No.	%	No.	%	No.	%
Hispanic or Latino								
Not Hispanic or Latino								
<b>TOTAL</b>	Male							
	Female							

**PAGE 4**

**B(1).**

RACE	Number of Application Received		Last Review		Number of Applications Approved		Number of Applications Rejected	
	No	%	No.	%	No.	%	No.	%
American Indian/ Alaskan Native								
Asian								
Black or African American								
Native Hawaiian or Other Pacific Islander								
White								
TOTAL	Male							
	Female							

A. Are racial and gender of the participants and the number of employees in proportion to the population percentages? ..... YES  NO

B. Number of participants as of last review: \_\_\_\_\_ Date of last review: \_\_\_\_\_

C. Are all interested individuals permitted to file an application (written or otherwise) for participation? .....  YES  NO

If "NO" explain why not: \_\_\_\_\_

D. Does or will recipient of financial assistance maintain adequate records on the receipt and disposition of applications, including a list of applicants wishing to become participants? .....  YES  NO

If "NO" what action is being taken to establish adequate records: \_\_\_\_\_

If "YES" number of applicants wishing to become participants on list .....

Number on list from minority group.....

E. Number of applications received from prospective participants since last review: Total .....

If zero skip to III.

From minority group applicants.....

F. Number of applications which have been withdrawn or rejected since last review: Total.....

From minority group applicants.....

PAGE 5

G. Number of applications now pending on which no action has been taken: Total.....
From minority group applicants.....

III. LOCATION OF THE FACILITY

A. Does the location of the facility or complex have the effect of denying access to any person on the basis of race, color, national origin, age, sex, or disability? YES NO

B. Describe the racial makeup of the area surrounding the facility (if area is not the same as population).

IV. USE OF SERVICES AND FACILITIES

A. Are all participants required to pay the same fees, assessments, and charges per unit for the use of the facilities?.... YES NO

If "NO", explain:

B. Explain how charges for services, i.e., rent, connection, and user fees are assessed.

C. Is the use of the services or the facilities restricted in any manner because of race, color, or national origin?..... YES NO

If "YES", explain:

D. Is there evidence that individuals, in a protected class, are provided different services, charged different or higher rate amounts than others?..... YES NO

If "YES", explain:

E. List the methods used by the recipient to inform the community of the availability of services or benefits of the facility. (newspaper, radio, tv, etc.).

F. Do these methods reach the minority group population equally with the rest of the community?..... YES NO

G. Are appropriate Equal Opportunity posters conspicuously displayed? (And Justice For All and the Fair Housing poster) YES NO

H. Do written materials, i.e., ads, pamphlets, brochures, handbooks and manuals, have a nondiscrimination statement, Fair Housing, and/or accessibility logo or Equal Opportunity statement? YES NO

I. Describe the efforts of the recipient to attract minorities, females, and persons with disabilities to serve on the advisory board, board of directors, or similar boards.

J. Indicate whether the facility is being properly maintained and whether services are provided on a timely basis.

K. Describe any restrictions that may exist on the use of the facility, i.e., no playgrounds for children; restrictions on use by minorities, segregated or prohibited by age or disability of tenant or other participants.

PAGE 6

L. If participation is restricted by age of beneficiary, please indicate any Federal statute, or state or local ordinance which may permit such restrictions.

M. How does this facility compare with other similar facilities in the area serving low income beneficiaries which are privately or federally financed by other agencies.

Answer N for RRH and LH only:

N. Does the organization's Operating Rules provide for standard reasons for eviction? .....  Yes  NO

If "YES," specify: \_\_\_\_\_

Are these reasons stipulated in the Lease Agreements? .....  Yes  NO

If not, how are they made known to participants? \_\_\_\_\_

V. ACCESSIBILITY REQUIREMENTS (DISABILITY)  
(For All Programs Funded By Rural Development)

A. Does the facility or project have an accessible route through common use areas? .....  YES  NO

B. Has a self-evaluation for Section 504 of the Rehabilitation Act been conducted and a transition plan developed for all structural barriers? .....  Yes  NO

C. Does this facility or project have a Telecommunication Device for the Deaf (TDD) or participate in a relay service? .....  YES  NO

If not, is this part of the self-evaluation and transition plan? ....  YES  NO

D. Describe reasonable accommodations made by the recipient for making the program accessible to individuals with disabilities.

VI. ACCESSIBILITY REQUIREMENTS FOR RURAL RENTAL HOUSING

A. Does the complex meet the 5% accessibility requirement of 504 of the Rehabilitation Act of 1973 for facilities built after June 1982? .....  YES  NO

B. Are the units occupied by persons with disabilities in need of the special design features? .....  YES  NO

C. If not, indicate what outreach has been conducted utilizing appropriate organizations and advertising to reach the individuals in need of such units.



**PAGE 8**

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**XI. COMMUNITY CONTACTS**

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A. List contacts made with community leaders and organizations representing minorities, females, families with children, and individuals with disabilities. Include the date and the method of contact.

B. Summarize comments made by person(s) contacted.

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**XII. PAST ASSISTANCE FROM RD OR OTHER FEDERAL AGENCY**

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A. List past loans or other federal financial assistance from other agencies.

B. Does the recipient have a pending application with RD or another Federal agency? .....  YES  NO

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**XIII. CIVIL RIGHTS COMPLIANCE HISTORY**

Provide a history of the following:

A. Compliance Review. Has this recipient had a finding of non-compliance by RD or another federal agency? ..  YES  NO

B. Discrimination Complaints. Has a complaint of prohibited discrimination been filed against this recipient in the past three (3) years? .....  YES  NO

C. Law Suit. Has a law suit based on prohibited discrimination been filed against this recipient in the past three (3) years? If so, describe and attach copies of the law suit. ....  YES  NO

D. Did the recipient take appropriate corrective or remedial action to achieve compliance with civil laws or to resolve any discrimination complaint cases or law suits? ....  YES  NO

E. Identify the resources and or contacts used in verifying the recipient's past civil rights compliance history.

PAGE 9

XIV. CONCLUSIONS

A. Did your review of the records maintained by the association or organization disclose any evidence of discrimination on the grounds of race, color, national origin, sex, age, or disability in the services or use of the facility?  Yes  NO

If "YES," describe in detail such discrimination:

B. Did your contacts with community leaders, including minority leaders, disclose any evidence of discrimination as to race, color, national origin, sex, age, or disability in the services or use of the facility?  Yes  NO

C. Did your observation of this borrower's operations or proposed operations indicate any discrimination on the grounds of race, color, national origin, sex, age, or disability in the services or use of the facility?  Yes  NO

If "YES," describe in detail such discrimination:

D. Comments for other observations or conclusions:

Based upon my observation of this borrower's operation or proposed operation and the attitude of the Governing Body and Officials it is my opinion that the Recipient \_\_\_\_\_ is \_\_\_\_\_ is Not complying with the requirements under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Age Discrimination Act of 1975, and Title IX of the Education Amendments Act of 1972.

DATE

COMPLIANCE REVIEW OFFICER

XV. RECIPIENT IS IN NON-COMPLIANCE (Complete only if there is a finding of non-compliance)

A. Sent recipient notice of non-compliance on this date \_\_\_\_\_.

B. Date of compliance meeting \_\_\_\_\_.

C. Target date for recipient to voluntarily comply \_\_\_\_\_.

D. Recipient has complied with all requirements and made all necessary corrective action by this date \_\_\_\_\_.

E. Describe all meetings with recipient to achieve compliance.

F. Recipient has refused to voluntarily comply by this date \_\_\_\_\_.

G. Comments:

## INSTRUCTIONS FOR PREPARATION

### Form RD 400-8

- (a) Date of Review. Insert the date of the actual review.
- (b) Source of Funds. Identify and mark the type of funds used in the program being reviewed.
- (c) State. Insert the name of the state where the project or facility is located.
- (d) County. Insert the county name where the project or facility is located.
- (e) Case Number. Provide the borrower's case number.
- (f) Date Loan or Grant Closed. Insert the loan or grant closing date.
- (g) Type of Assistance. Mark the type of assistance granted. If type of assistance is not listed, mark "Other" and insert the type of assistance.
- (h) Name of Borrower Organization or Association. Provide the name of the borrower organization or association.
- (i) Address of Borrower. Provide the address of the borrower.

#### **I. Statistical Information**

A(1). and A(2). Ethnicity, Race, and Sex. Record the following information by ethnicity, race, and sex:

(a) Population. Record the number of individuals residing in the service or market area using the best available census information. Calculate the percentage of each racial group.

(b) Participation. This is the number of persons participating in or benefitting from services of the facility during the past 12 months.

This Review. Record the number of participants served by from the recipient's current records. Calculate the percentages of each group by using the total number of participants.

Last Review. Record the number of participants served by the recipient at the time the last compliance review was made. This information should be extracted from the last compliance review form.

Example: RRH-Number of tenants

WW - Number of Users

CF Fire station/Fire truck - Number of Families Assisted during the last 12 months.

(c) Total. Add the two categories listed under "Ethnicity" to provide the total number of individuals residing in the service of market area.

(d) Add the two categories listed under "Ethnicity" to provide the total number of persons participating in or benefitting from services. Provide this information from "This Review" and "Last Review."

(e) Record the number of male and female individuals residing in the service or market area using the best available census information. Calculate the percentages of each gender group. The sum of male and female should correctly add to column "c".

(f) Record the total number of persons, by gender, who are participating in benefitting from services during "This Review and from "Last Review." Calculate the percentages for each gender group. The sum of both male and female blocks should correctly add to column "d".

A(3). Ethnicity, Race, and Sex. Record the following information by ethnicity, race, and sex:

(a) Employees. Record the number of employees presently employed at the facility. Calculate the gender category by the total number of employees.

(b) Board of Directors. Record the number of board members. Calculate the gender category by the total number of board members.

## II. Application Information.

B(1). and B(2). Ethnicity, Race, and Sex. Record the following information by ethnicity, race, and sex:

(a) Number of Applications Received.

This Review. Record the number of applications received by the recipient during the past 12 months. Calculate the percentage of each racial group by the total number of applications.

Last Review. Record the number of applications received by the recipient at the time of the last compliance review. Calculate the percentage of each racial group by the total number of applications.

(b) Number of Applications Approved. Record the number of applications received by the recipient that were approved to receive the service or benefit since the last review.

(c) Number of Applications Rejected. Record the number of applications that were rejected by the recipient since the last review. Calculate the rejected percentage of each racial category by the total number of applications.

(d) Total. Add the male and female categories to the total number for each column. Calculate the total percentages for the male and female category.

- A. Compare the percentages of participants for this review, number of employees, and applications received with the population percentages. Percentages should be in proportion with population percentages. Write a statement explaining the percentage proportions. If percentages are not proportional, state the reason for the disparity.
- B. Record the number of participants as of the last review and the date of the last review.
- C. Indicate if all interested individuals are permitted to file an application to participate in the program being reviewed. If not, explain the reason(s) for not permitting participation.
- D. Indicate if the recipient maintains or plans to maintain adequate records on the receipt and disposition of applications, including a list of those wishing to become participants. If "no", explain what action is being taken to establish adequate records. If "yes", indicate the total number of applicants wishing to become participants. Also, indicate the total number of minority groups on the list.
- E. Indicate the total number of applications received from prospective participants since the last review. Indicate the total number of minority group applicants since the last review.
- F. Indicate the total number of applications that have been withdrawn or rejected since the last review. Also, indicate the total number of withdrawn or rejected applications from minority group applicants.
- G. Indicate the total number of applications pending on which no action has been taken. Also, indicate the total number of applications pending on which no action has been taken from minority group applicants.

### **III. Location of the Facility**

- A. Write a statement describing whether or not the location of the facility might be an accessibility problem for participants because of race, national origin, sex, age, or disability.
- B. Write a statement describing the racial make-up of the area surrounding the facility.

#### **IV. Use of Services and Facilities**

A. Indicate if all participants are required to pay the same fees, assessments and charges per unit for the use of the facility. If "no", write a statement explaining why participants are not being required to pay the same fees, etc.

B. Write a statement describing how charges for services are assessed.

C. Indicate if the use of the services or facilities is restricted in any manner because of race, color, national origin, age, sex, or disability. If "yes", write a statement explaining what are the restrictions.

D. Write a statement as to whether or not individuals of a protected class are provided different services, charged different or higher rates than others. If yes, explain what the different services consist of, or the amount of the different or higher rates.

E. Collect copies of bulletins, newsletters, pamphlets, and other written material describing the purposes of the availability of the service of this facility.

F. Indicate if the methods listed in Item E reach the minority group population equally with the rest of the community.

G. Observe whether the appropriate Equal Opportunity posters are conspicuously displayed by the recipient. If poster(s) are not displayed, you may provide one to the recipient and explain the importance of complying with the spirit of the civil rights laws.

H. Verify if the written material collected in Item E of this section has a nondiscrimination statement, Fair Housing and/or accessibility logo or Equal Opportunity statement.

I. Write a statement summarizing the efforts made by the recipient to attract minorities, females, and persons with disabilities to the advisory board, board of directors, or other similar board.

J. Write a statement describing whether the facility is being properly maintained by the recipient and if requests for maintenance and services are being provided in a timely manner. Describe the method(s) used by the recipient to address maintenance concerns.

K. Write a statement describing any restrictions existing on the use of this facility or included in operating procedures, by laws, or lease agreements. Also, look for posted signs and notices that may indicate restrictive policies.

- L. List any Federal statute or state and local ordinance which permits age restrictions of the beneficiary in participating or benefiting from the services.
- M. Write a statement comparing the quality of this facility in providing services to low income beneficiaries with similar facilities financed by other agencies.
- N. Indicate if the organization's operating rules provide for eviction. (To be completed only for RRH and LH). If "yes", write a statement specifying the standard reasons for eviction. Also, indicate if the reasons are stipulated in the lease agreements. If not, explain how they are made known to participants.

**V. Accessibility Requirements (Disability)**

To be completed for all programs funded by Rural Development

- A. Observe public areas of the facilities. Indicate whether or not the public area is readily accessible to individuals in wheelchairs.
- B. Indicate whether or not a self evaluation and transition plan (if needed) have been done by the recipient of this facility.
- C. Indicate whether or not the facility has a TDD or participates in a relay service.
- D. Write a statement describing the reasonable accommodations made by the recipient for making the program accessible to persons with disabilities.

**VI. Accessibility Requirements For Rural Rental Housing**

- A. Write a statement describing whether the recipient is assuring the complex is meeting the 5% accessibility requirement of Section 504 of the Rehabilitation Act of 1973 (if built after June 1982). Explain how many units are in the complex and if the 5% of the units meet the accessibility requirement. The variety of units accessible to or adaptable for physically handicapped persons shall be comparable to the variety of units available in the project as a whole. For example, if more than one accessible unit is provided and there are one and two bedroom apartments in the complex, then the handicap accessible units shall be one and two bedroom apartments.

B. Write a statement describing if the accessible units are being occupied by persons with disabilities in need of the special design features.

C. Describe the method(s) used by the recipient to reach those individuals in need of the accessible units. Provide the name of the organization contacted and copies of advertisements.

**VII. Accessibility Requirements For Community Facilities (Health Care Facilities)**

A. Describe the method used by the hospital to communicate with the hearing impaired for the purpose of providing emergency medical care.

B. Describe the method used by the hospital to communicate waivers and consent to treatment to persons with impaired sensory or speaking skills.

C. Indicate whether or not the hospital or health care facility limits or restricts in any manner the treatment of drug or alcohol addicts or other related illnesses.

**VIII. Complexes and Facilities That Provide Housing (Nursing Homes, Retirement Group, Rural Rental)**

A. Indicate whether or not the recipient has an approved Affirmative Fair Housing Marketing Plan (AFHMP) for the facility. Attach a copy of the AFHMP to the compliance review.

B. Indicate whether or not the AFHMP is on display in a conspicuous place.

C. Indicate whether or not management is meeting the objectives of the plan and has the AFHMP been reviewed and/or modified within the past three (3) years.

**IX. Programs That Create Employment**

A. Write a statement describing whether or not minority applicants for employment are held to different employment selection criteria than non-minority applicants.

B. Write a statement describing whether or not minority employees are being terminated in a disproportionate rate than non-minorities.

C. Indicate whether or not a recipient with 15 or more employees has designated a disability coordinator to handle program and employment issues regarding the disabled.

D. Indicate whether or not the recipient is providing reasonable accommodations to known physical or mental impairment of employees with disabilities. If yes, describe the type of reasonable accommodations being provided.

**X. Contacts with Individuals Affiliated with the Facility or Complex.**

- A. List by name, race, sex, and disability (if provided) contacts made with tenants, users, patients, and others affiliated with the facility or complex.
- B. Describe the comments made by the contacts listed in Item A on the facility's or complex's operation, including maintenance issues, quality of services, and charges for services.

**XI. Community Contacts**

- A. Contact at least five (5) community leaders and community organizations representing minorities, females, families with children, and persons with disabilities. Determine whether the groups listed above are aware of the availability of services of this particular facility.
- B. Write a summary of the comments made by each person contacted on the facility's operations on an equal opportunity basis.

**XII. Past Assistance From Rural Development or Another Federal Agency**

- A. Indicate whether the recipient has received loans or other federal financial assistance from other agencies.
- B. Indicate if the recipient has any pending applications with Rural Development or another federal agency. If so, list the agency name and the type of assistance requested.

**XIII. Civil Rights Compliance History**

- A. Compliance Reviews. Describe and attach information from Rural Development or another federal agency who may have found noncompliance on the part of the recipient.
- B. Discrimination Complaints. Describe and attach information of discrimination complaints filed against the recipient during the past three years.
- C. Law Suit. Describe type of lawsuit and attach a copy to this compliance review.
- D. Describe the action taken by the recipient to correct or remedy non-compliance issues, discrimination complaints and lawsuits.
- E. List the resources used in verifying the recipient's past civil rights compliance history. Example: documents, contact person's name, agency personnel.

**XIV. Conclusions**

A. Indicate if the review of the records disclosed any evidence of discrimination based on race, color, national origin, sex, age, or disability in the services of use of the facility. If “yes,” write a statement describing such discrimination.

B. Indicate if the contacts with community leaders, including minority leaders, disclosed any evidence of discrimination as to race, color, national origin, sex, age, or disability in the services or use of the facility.

**XV. Recipient is in Non-compliance** (Complete only if the recipient is in non-compliance)

A. Write the recipient a letter describing the reasons for the non-compliance found during this review. Record the date the notice of non-compliance was mailed.

B. Record the date the initial compliance meeting was scheduled.

C. Estimate the date (approximately 60 days) from the date of this compliance review that the recipient must attain voluntary compliance.

D. Record the date the recipient actually attained voluntary compliance.

E. Describe and record all subsequent meetings with the recipient to achieve compliance.

F. Record the date of the last contact made with the recipient and if the recipient refuses to comply or has not taken the recommended corrective action to achieve compliance. Forward compliance review and all documentation to the State Director, ATTN: State Civil Rights Coordinator/Manager, for submission to the Director, Rural Development Civil Rights Staff, in the National Office, or to the State Executive Director for submission to the Deputy Administrator for Farm Loan Programs.

**Comments**

This section may be used to write notes and other comments regarding the compliance review.