FORMS MANUAL INSERT

FORM RD 2006-38

certify I ha	ve reviewed and analyzed appropriate documentation and determined that: and provide the required information) No major civil rights impact is likely to result if the proposed action is implemented.	dete Maj Imp The com appi imp poli
certify I ha	ve reviewed and analyzed appropriate documentation and determined that: and provide the required information) No major civil rights impact is likely to result if the proposed action is implemented.	Imp The com appr imp
(<u>Check one</u>)	ve reviewed and analyzed appropriate documentation and determined that: and provide the required information) No major civil rights impact is likely to result if the proposed action is implemented.	appi imp
1	and provide the required information) No major civil rights impact is likely to result if the proposed action is implemented.	r
	Summarize your reasons for this conclusion. Identify supporting information and statistical data.	
- - -		
	conclusion. Identify supporting information and statistical data.	
- - -		
- - - -		
(4)	Name and Title of Certifying Official Date	(se
	i I I C C C C C C C C C C C C C C C C C	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.

This form is required to certify that a Civil Rights Impact Analysis has been completed to determine whether a Major Civil Rights Impact is likely to result. The analysis is to be completed prior to approving and implementing a proposed policy action.

(see reverse)

PROCEDURE FOR PREPARATION

: RD Instruction 2006-P.

PREPARED BY

: Certifying Official.

NUMBER OF COPIES

: Original and two copies.

SIGNATURES REQUIRED

: Original signed by Certifying Official.

DISTRIBUTION OF COPIES

: Original filed with the original proposal or request for approval and a copy filed in an operational file at the originating office. For analyses and certifications completed at the State level, copy to State Civil Rights Coordinator/Manager. For analyses and certifications

Coordinator/Manager. For analyses and certifications completed at the National Office level, copy to the

Equal Opportunity Staff.

(03-01-95) PN 241

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) **if 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.

USDA-RD

Form RD 2006-38 (12-94)

Civil Rights Impact Analysis Certification

Office an	nd Division or Location.
Proposed	d Policy Action:
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