

## CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE

Children and Families  
DCF-F-154-E

Health Services  
F-00165

Workforce Development  
DETS-16705-E (R. 12/1/2013)

(For the Civil Rights Compliance Period from January 1, 2014, to December 31, 2017)

As a condition of funding under this contract(s), CITY OF APPLETON,

**A. Service Delivery:** Services will be provided without discrimination in compliance with the following laws, guidance and regulations; however, there are other statutes that apply to recipients of specific federal program such as specific grant-related civil rights statutes that may also apply (live links can be found under **B. Authority**, starting on page 6 of this document):

- Title VI of the Civil Rights Act of 1964, HHS 45 CFR Part 80 Regulations
- Section 504 of the Rehabilitation Act of 1973 - Nondiscrimination on the basis of disability in the provision of benefits or services or the conduct of programs or activities. This includes the prohibition of employment discrimination by Recipients of Federal financial assistance from U.S. DHHS
- Age Discrimination Act of 1975, as amended 45 CFR Part 90
- Discrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance From HHS 45 CFR Part 91
- Titles VI and XVI of the Public Health Service Act (42 U.S.C. 291 et. seq., and 42 U.S.C. 300s et. seq.)
- Section 542 of the Public Health Service Act, as amended, (42 U.S.C. 290dd-1) bars discrimination in admission or treatment against substance abusers suffering from medical conditions by Federally-assisted hospitals and outpatient facilities. The HHS regulation is 45 CFR Section 84.53
- Education Amendments of 1972 - Title IX, as amended
- Title II of the Americans with Disabilities Act of 1990 as amended (42 U.S.C. 12131 et. seq.)
- Civil Rights Act of 1991
- Statutory amendments made by the Civil Rights Restoration Act of 1987 (CRRA)
- Executive Order 13166 Limited English Proficiency Guidelines
- DOJ F.R. Vol. 65, No. 159 / Wednesday, August 16, 2000 / Notices 50123 Enforcement of Title VI of the Civil Rights Act of 1964—National Origin Discrimination Against Persons with Limited English Proficiency, Policy Guidance
- The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA)
- Section 1808(c) of the Small Business Job Protection Act of 1996 prohibits covered agencies and entities from discriminating on the basis of race, color and national origin in child placement decisions in adoption and foster care. The regulation is 42 U.S.C. § 1996b.
- Sections 794 and 855 of the Public Health Service Act, 42 U.S.C. 295m and 296g, prohibits discrimination on the basis of sex (gender) in Federally-Assisted Health Training Programs. The regulation is 45 CFR.Part 83
- Section 508 of the Social Security Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in the Maternal and Child Health Service Block Grant 42 U.S.C. § 708
- Section 533 of the Public Health Service Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in Projects for Assistance in Transition from Homelessness 42 U.S.C. § 290cc-33

- Section 1908 of the Public Health Service Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in programs, services, and activities funded by Preventative Health and Health Services Block Grants 42 U.S.C. § 300w-7
- Section 1947 of the Public Health Service Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in programs and activities funded by Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grants 42 U.S.C. § 300x-57
- The Family Violence Prevention and Services Act prohibits discrimination on the basis of age, race, color, national origin, disability, sex (gender), or religion in programs and activities funded under this Act 42 U.S.C. § 10406
- The Community Services Block Grant Act prohibits discrimination on the basis of race, color, national origin, or sex (gender) in programs and activities funded under this Act 42 U.S.C. § 9918
- Policy Guidance Document: Enforcement of Title VI of the Civil Rights Act of 1964 and Related Statutes in Block Grant-Type Programs
- Title I, Section 1557, The Affordable Care Act prohibits discrimination on the basis of gender identity and sex stereotyping
- Church Amendments, 42 U.S.C. 300a-7, section 245 of the Public Health Service Act, 42 U.S.C. 238n, and the Weldon Amendment, Consolidated Appropriations Act, 2010, Public Law 111-117, Div. D, Sec. 508(d), 123 Stat. 3034, 3279-80, referred to collectively as the “federal health care provider conscience protection statutes.”
- Food Stamp Act of 1977, as amended, 7 U.S.C. s.2011-2036. 7 CFR Parts 271-285
- Section 17 of the Child Nutrition Act of 1966, as amended. 7 CFR Part 246 Special Supplemental Nutrition Program for Women, Infants and Children
- Part 251 - The Emergency Food Assistance Act of 1983 (Public Law 98-8), as amended, 7 CFR Part 250 and 251, SDA Regulations 7 CFR Part 16, Equal Opportunity for Religious Organizations
- USDA Departmental Regulation 4330-2, Activities Receiving USDA Financial Assistance, ensures compliance with and enforcement of the prohibition against discrimination in programs and activities funded in whole or in part by the U.S. Department of Agriculture.
- Title VII of the Civil Rights Act of 1964
- Title I of the Americans with Disability Act of 1990
- Age Discrimination in Employment Act of 1967
- Equal Pay Act of 1963, as amended
- Executive Order 11246, as amended
- Fair Employment Law Sections 111.31-111.395 of the Wisconsin Statutes
- Chapter 106.52 Public Places of Accommodation
- Employee Relations, Chapter 230

No otherwise qualified person shall be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination in any manner on the basis of age, race, color, national origin, sex, gender identity, disability, or having an association with a person with a disability, religion, retaliation, and applicable political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the DCF, DHS, or DWD. The

Federal Health Care Provider Conscience Protection law prohibits recipients of certain federal financial assistance from discriminating against certain health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's religious beliefs or moral convictions. The Genetic Information Nondiscrimination Act of 2008 (P.L. 110-233, 122 Stat. 881)<sup>1</sup>, also referred to as GINA, applies to certain health care entities and providers that prohibits discrimination in health coverage and employment based on genetic information. **(Not all prohibited bases will apply to all programs and/or employment activities.)**

The Recipient will:

1. Provide training to all staff on the CRC laws, and methods of providing meaningful and effective cross-cultural services to diverse populations from different cultures, linguistic, and/or physical conditions through the provision of cultural awareness skill training. Primary recipients and sub-recipients administering USDA-FNS funded programs must provide CRC training to all frontline staff who interact with program applicants and participants, not limited to supervisors and administrators, annually. Non USDA-FNS funded recipients must provide CRC training and/or cross-cultural awareness training for each staff person during the employee's initial orientation process and once every three years thereafter.
2. Provide accessible programs, facilities and reasonable accommodations to service participants/customers with disabilities in compliance with Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990 as amended (ADA) and it applies to local governments and municipalities, Title III of the ADA or Wisconsin Civil Rights Statute Chapter 106.52 Public Places of Accommodations or Amusement, and DWD Chapter 221.1.
3. Upon request, provide an American Sign Language (ASL) interpreter or a nationally certified or Wisconsin Interpreting and Transliterating Assessment (WITA)-verified sign language interpreter to assist deaf and hard-of-hearing applicants.
4. Provide other options for effective communication (e.g., TTY, or other appropriate technology) for deaf and hard-of-hearing clients who do not use ASL. Provide an oral interpreter for an applicant/participant with limited English proficiency (LEP) to ensure meaningful participation in the organization's programs and services.
5. Provide LEP applicants/participants with written notice of their right to receive oral interpretation in their primary language free of charge.
6. Provide translation of vital documents for each eligible LEP group that constitutes at least 5 percent or 1,000 individuals, whichever is less, of the population eligible to be served or likely to be encountered in the recipient's service area.
7. Establish an appeal or complaint process that shall be posted in the different languages of those LEP groups like to be eligible and likely to be encountered in the recipient's service area. The appeal and/or complaint process must be posted in conspicuous places such as lobbies and waiting rooms available to applicants/clients.

**B. Employment Conditions:** Employment discrimination is prohibited by Title VII of the Civil Rights Act of 1964, Title I of the ADA of 1990 as amended, Section 504 of the Rehabilitation Act of 1973, Age Discrimination in Employment Act of 1976, Ch. 111.31 to 111.395 (Wis. Fair Employment Act), Wisconsin Statutes, Chapter 230, Chapter 106.52 Public Places of Accommodations; Wisconsin Contract Compliance Law, Chapters 16.765 and 51.01(5), Wis. Stats., Executive Order 11246, as amended, and other laws requiring nondiscrimination in employment. Title VI of the Civil Rights Act of 1964 statutorily restricts claims of employment discrimination to instances where the "primary objective" of the financial assistance is to provide employment; however, a recipient's employment practices may be subject to Title VI when these practices negatively affect the delivery of services to ultimate beneficiaries. When employment discrimination by a recipient has a secondary effect on the ability of beneficiaries to meaningfully participate in and/or receive the benefits of a federally assisted

program in a nondiscriminatory manner, these employment practices will come within the purview of Title VI.

No otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner or term of employment on the basis of, race, creed, color, national origin, ancestry, age, sex/gender, gender identity, disability, arrest and conviction record, sexual orientation, marital status, familial or parental status or all or part of an individual's income is derived from any public assistance program, and membership in the military reserve. State law prohibits honesty and genetic testing or protected genetic information in employment, discrimination due to filing a complaint or because of the use or nonuse of lawful products outside the workplace during nonworking hours. The Federal Health Care Provider Conscience Protection Law protects certain health care providers on the basis of religion. All employees, especially supervisors and managers, are expected to support goals and programmatic activities relating to nondiscrimination in employment.

The DCF, DHS and DWD are aware of, and respect tribal rights in the area of employment that includes "Indian Preference" that exempts the tribes from compliance with specific employment civil rights laws. The DCF, DHS and DWD will work in a government-to-government relationship through "Consultation and Coordination" with Wisconsin Indian Tribal Governments when an employment discrimination complaint is filed against a funded Indian Tribe. Furthermore, USDA-FNS 7 CFR Part 272.2(b) 3., requires DHS to implement the Supplemental Nutrition Assistance Program (SNAP) in a manner that is responsive to the special needs of American Indians on reservations and consult in good faith with tribal organizations about that portion of the State's SNAP Plan of Operation pertaining to the implementation of the Program for members of the tribe on reservations.

The Recipient will:

1. Fairly and consistently administer and revise policies and procedures to comply with federal and state employment laws.
2. Establish policies and processes that eliminate bias and assure Equal Opportunity for all employment actions, i.e., hiring and selection up to voluntary or involuntary termination.

To assist in complying with all applicable Civil Rights Compliance rules, regulations and guidelines, I have appointed as Equal Opportunity Coordinator:

Name of Equal Opportunity Coordinator Debra M. Van Den Bogart	Title Deputy Director of Human Resources
Telephone Number 920 - 832-6427	Email Address debra.vandenbogart@appleton.org

**APPENDIX A  
RECIPIENT CONTACT INFORMATION AND SIGNATURE PAGE**

Use this Form for both the CRC LOA and CRC Plan.

Name of Primary Recipient / Direct Vendor  
City of Appleton

Street Address  
100 N. Appleton Street

City  
Appleton

State  
WI

Zip Code  
54911

Recipient's or Vendor's Total Workforce  
621 FTE

Name of Equal Opportunity Coordinator  
Debra M. Van Den Bogart

**SIGNATURE - Equal Opportunity Coordinator**

Date Signed

*Debra M. Van Den Bogart*

4/10/14

Telephone Number  
(920) 832-6427

Email Address  
debra.vandenbogart@appleton.org

Name of Limited English Proficiency (LEP) Coordinator  
Sonja Jensen

**SIGNATURE - LEP Coordinator**

Date Signed

*Sonja Jensen*

4/10/14

Telephone Number  
(920) 832-6429

Email Address  
sonja.jensen@appleton.org

Name of Executive Director or Chief Executive Officer (CEO)  
Timothy M. Hanna

**SIGNATURE - Executive Director or CEO**

Date Signed

*Timothy M. Hanna*

1/13/14

Telephone Number  
(920) 832-6400

Email Address  
mayor@appleton.org

**Notes:**

- Be sure to show the names in print and have the form signed where indicated.
- **Important:** Please provide email addresses, as we may communicate policy updates and other program information to the recipient, via email.
- Be sure to print their names and have them sign the form.

**Instructions for completing Recipient Contact Information and Signature Page**

- Fill in all the blanks on this form.
- Identify the name and address of the primary recipient, sub-recipient or vendor receiving federal or state financial assistance responsible for this CRC LOA document and the CRC Plan.
- All primary recipients, sub-recipients or vendors must designate and identify an Equal Opportunity Coordinator and a Limited English Proficiency (LEP) Coordinator.
- The Executive Director, President, or Chief Executive Officer's contact information must appear as listed in your contract.

**APPENDIX B  
FUNDING RELATIONSHIP TO DHS / DCF / DWD AND/OR ANOTHER ENTITY**

- Completing this funding relationship section will assist each Office of Civil Rights to determine who the primary recipients, sub-recipients and vendors are and their funding relationship(s) with DCF, DHS or DWD.
- Primary recipients, sub-recipients and vendors often receive multiple contracts from the three Departments.
- Clarifying the multiple funding streams will help the State to identify mutually funded recipients as well as to determine jurisdictional authority, oversight and coordination between the Departments.

**Please check as many as applicable**

If you receive funding from more than one state department, submit your CRC LOA to the department that provides the largest amount of funds.		Contract or Program Name	Contract Amount (\$)
Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DCF	<b>DCF</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. Refugee Health Screening	24075
		2.	
		3.	
Our agency/entity has a direct contract, direct grant funding agreement or purchase order (PO), with DHS	<b>DHS</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1. Consolidate Contract	70419
		2. Preparedness	56327
		3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with DWD	<b>DWD</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.	
		2.	
		3.	
Our agency/entity has a direct contract, direct grant, funding agreement, or purchase order (PO), with _____ County	<b>COUNTY AGENCY</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.	
		2.	
		3.	
Our agency/entity has a sub-contract with (name of the agency(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.	
		2.	
		3.	

**Note:** If you have more than three contracts, add a copy as an attachment

**Instructions for Completing: Funding Relationship to the DCF, the DHS or the DWD**

Fill in all the blanks on the above form

**Single-Funded Recipient**

If you answered "Yes" to **only one** of the three possible funding options above, the LOA should be submitted to the state department that was selected.

**Mutually-Funded Recipient**

If you answered "Yes" to **more than one** of the state agencies above, you are considered a Mutually-Funded Recipient. You should submit your CRC LOA to the state department that provides the largest amount of funds.

If you answered "Yes" to **any of the three** state agencies and your agency/entity also has a subcontract with a primary recipient of that state agency, you are also considered a Mutually-Funded Recipient. You should submit your CRC LOA to the state agency, not the primary recipients.

## APPENDIX C FUNDED PROGRAMS CHECKLIST

- √ Completing this Section will allow DCF, DHS or DWD to identify the types of program(s), contract(s) or grant(s) that the primary recipients, sub-recipients, mutually funded recipients or vendors are administering.
- √ The checklist is not an exhaustive list that identifies every possible grant program, contract, or agreement. For programs or funding sources not identified in the checklist, enter the name of the program, grant, or agreement in the section titled "Other specify."

**Check the type of program or funding applicable to your contract(s).**

**USE this checklist for Department of Children and Families (DCF)**

Check all the funded programs/services/activities administered with grants/contracts or other agreements received from Department of Children and Families (DCF)

<input type="checkbox"/> Wisconsin Works (W-2) <input type="checkbox"/> Adoption <input type="checkbox"/> Child Support <input type="checkbox"/> Child Care Program & Licensing <input type="checkbox"/> Children Residential Programs – Licensing <input type="checkbox"/> Child Placing Agencies- Licensing <input type="checkbox"/> Child Care Certification <input type="checkbox"/> Quality Child Care Initiative <input type="checkbox"/> Child Abuse and Neglect (Child Protective Services) <input type="checkbox"/> Interstate Compact on the Placement of Children <input type="checkbox"/> Milwaukee Child Welfare Program <input type="checkbox"/> Immigrant Integration – Social Services <input type="checkbox"/> Immigrant Integration – Older Refugee <input type="checkbox"/> Immigrant Integration – Preventative Health <input type="checkbox"/> Immigrant Integration – Health Services <input type="checkbox"/> Refugee Cash and Medical Assistance	<input type="checkbox"/> Promoting Safe and Stable Families <input type="checkbox"/> Adoption Assistance Program <input type="checkbox"/> Foster Care <input type="checkbox"/> Kinship Care <input type="checkbox"/> Child Welfare Licensing <input type="checkbox"/> Indian Child Welfare <input type="checkbox"/> Domestic Violence/Domestic Abuse Programs <input type="checkbox"/> Independent Living <input type="checkbox"/> Paternal Interest Registry <input type="checkbox"/> Other (specify): <input type="checkbox"/> Other (specify): <input type="checkbox"/> Immigrant Integration – Targeted Assistance, Employment & Training Program (TAP) <input type="checkbox"/> Immigrant Integration – Targeted Assistance, Employment & Training Program (TAP) Grant Milwaukee (TAG) Formula <input type="checkbox"/> Immigrant Integration – Mental Health <input type="checkbox"/> TANF-GPR <input checked="" type="checkbox"/> Other (specify): Refugee Health Screening
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**USE this checklist for Department of Health Services (DHS)**

Please check all the funded programs/services/activities administered with grant/contract or other agreements received from Department of Health Services (DHS):

<input checked="" type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Oral Health
<input type="checkbox"/> Ambulance Services	<input checked="" type="checkbox"/> Public Health Preparedness
<input type="checkbox"/> Asbestos Certification	<input type="checkbox"/> Sexually Transmitted Diseases Program
<input type="checkbox"/> Cancer-Comprehensive/Cancer Control Plan	<input type="checkbox"/> State Public Health Plan
<input type="checkbox"/> Cardiovascular Health	<input type="checkbox"/> Tobacco Control Programs
<input type="checkbox"/> Children With Special Health Care Needs	<input checked="" type="checkbox"/> Tuberculosis <input checked="" type="checkbox"/> Refugee Health
<input checked="" type="checkbox"/> Childhood Lead Poisoning Prevention	<input type="checkbox"/> Well Women Programs
<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> West Nile Virus
<input type="checkbox"/> Diabetes Prevention and Control Program	<input type="checkbox"/> Women, Infants and Children (WIC)
<input type="checkbox"/> Emergency Medical Services for Children	<input type="checkbox"/> Office for the Blind and Visually Impaired
<input type="checkbox"/> Emergency Medical Services and Injury Prevention	<input type="checkbox"/> Office on Aging
<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Office of Independence and Employment
<input type="checkbox"/> Family & Community Health	<input type="checkbox"/> Physical Disabilities Resources Coordinator
<input type="checkbox"/> Health Statistics	<input type="checkbox"/> WisTech Assistive Technology Program
<input checked="" type="checkbox"/> Immunizations	<input type="checkbox"/> Resource Center Development
<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Family Care
<input checked="" type="checkbox"/> Maternal and Child Health	<input type="checkbox"/> Pace/Wisconsin Partnership Program
<input type="checkbox"/> Minority Health	<input type="checkbox"/> Aging and Disability Resource Centers
<input type="checkbox"/> Nutrition and Physical Activity	<input type="checkbox"/> AODA- Comprehensive Community Services
<input type="checkbox"/> Mental Health - Comprehensive Community Services (CCS)	<input type="checkbox"/> Strategic Prevention Framework- State Incentive Grant (SPF-SIG)
<input type="checkbox"/> Community Support Programs (CSP)	<input type="checkbox"/> Substance Abuse Prevention Services Information System (SAPSIS)
<input type="checkbox"/> Integrated Service Project (CST-ISP)	<input type="checkbox"/> Intoxicated Drive Program (IDP)
<input type="checkbox"/> Disability Determination (SSI/SSDI)	<input type="checkbox"/> Narcotic Treatment Services
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Strengthening Treatment Access & Retention
<input type="checkbox"/> Medicaid – HMO	<input type="checkbox"/> Wisconsin UPC
<input type="checkbox"/> BadgerCare,	<input type="checkbox"/> Women Program
<input type="checkbox"/> SeniorCare,	<input type="checkbox"/> Temporary Emergency Food Assistance Program (TEFAP).
<input type="checkbox"/> BadgerCare-Plus	<input type="checkbox"/> FoodShare Program
<input checked="" type="checkbox"/> Medicaid Fee for Services	<input type="checkbox"/> Food Stamp Employment and Training (FSET)
<input type="checkbox"/> Office for the Deaf and Hard of Hearing	<input type="checkbox"/> Other (specify):



**USE this checklist for Department Workforce Development (DWD)**

Please check all funded programs/services/activities administered with grants/contracts or other agreements received from Department of Workforce Development (DWD):

Other (specify):

Other (specify):

**Note:** The Checklist is not an exhaustive list of programs funded through the DCF, DHS or DWD with US DHHS, and USDA-FNS, grants, for programs, services or activities. If the funded program, grant or service agreement is not listed, enter the name in the appropriate "Other (specify)" space to specify the type of program, grant or funding agreement administered by the agency/entity.

## APPENDIX D

### EQUAL OPPORTUNITY IN EMPLOYMENT AND SERVICE DELIVERY POLICY STATEMENT

It is the policy of City of Appleton (Organization Name) to comply with the equal opportunity policy and standards of the Wisconsin Department of Children and Families, the Department of Health Services and the Department of Workforce Development and all applicable state and federal statutes and regulations relating to nondiscrimination in employment and service delivery.

#### EMPLOYMENT<sup>1</sup>

No otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subject to discrimination in employment in any manner on the basis of age (over 40), race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, arrest record, conviction record, sexual orientation, marital status, pregnancy or childbirth, military participation, genetic testing, submitting to honesty testing, or use or nonuse of lawful products off the employer's premises during non-working hours. Employees may not be harassed in the workplace based on their protected status nor retaliated against for filing a complaint, for assisting with a complaint, or for opposing discrimination in the workplace.

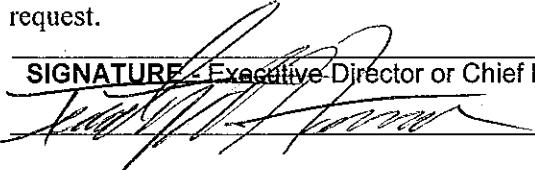
All employees are expected to support goals and programmatic activities relating to nondiscrimination in employment.

#### SERVICE DELIVERY

No otherwise qualified applicant for service or program participant shall be excluded from participation, be denied benefits, or otherwise be subject to discrimination in any manner on the basis of race, color, national origin, age, sex, sexual identity, sexual orientation, religion, political beliefs or disability. No employee or other person shall intimidate, threaten, coerce, or discriminate against any otherwise qualified individual for the purpose of interfering with any right or privilege secured under one of the applicable civil rights laws, or because they have made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding or hearing under one of the applicable civil rights laws. Program access for persons with disabilities is covered in the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 as amended. Political belief or affiliation is protected under the Food Stamp Act of 1997 and the Workforce Investment Act of 1998. This policy covers eligibility for access to service delivery, and to treatment in all of the programs, services and activities. All employees are expected to support the goals and programmatic activities relating to nondiscrimination in service delivery.

The Federal Health Care Provider Conscience Protection Laws prohibit recipients of certain federal financial assistance from discrimination against health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's religious beliefs or moral convictions. This protection applies to both employment and service delivery.

To assist us in complying with all applicable equal opportunity rules, regulations and guidelines, I have appointed (Mr./Ms.) Debra M. Van Den Bogart Phone (920) 832-6427 as Equal Opportunity Coordinator. You are encouraged to discuss any perceived discrimination problems in employment or service delivery with him/her. Information about discrimination complaint resolution process is available to you upon request.

**SIGNATURE**  Executive Director or Chief Executive Officer

Date Signed 1/13/14

<sup>1</sup> Exceptions: Under Section 702(a) of Title VII, 42 U.S.C. § 2000e-1(a), religious organizations are permitted to give employment preference to members of their own religion. The exception applies only to those institutions whose "purpose and character are primarily religious."

Under Indian Preference status, Wisconsin Tribes are exempt from complying with specific employment civil rights laws.

**APPENDIX H  
LIMITED ENGLISH PROFICIENCY POLICY STATEMENT**

The CITY OF APPLETON

is committed to provide equal opportunity in all programs, services and activities to persons with limited English proficiency (LEP). Program access for LEP persons is covered in Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of national origin; these protections are further affirmed in Executive Order 13166. Services include providing written translation and oral interpretation, free of cost, to LEP persons to ensure meaningful, accurate, and equal access to programs, benefits, and activities.

It is the policy of CITY OF APPLETON

to discourage the use of family members or friends as interpreters because this may violate the person's privacy and disclose sensitive and confidential information. It is our policy to inform all LEP customer of the right to free language assistance/interpreter services at no cost to the LEP customer. LEP customers who decline such services and request the use of a family member or friend will be ask to sign a Release acknowledging that this practice could result in a breach of confidentiality and he/she will not hold the agency responsible for any inaccurate translation or miscommunication.

This organization prohibits the use of minor children (18 years of age or younger) as an interpreter and will not allow minor children to interpret under any circumstances.

This agency monitors its changing demographics and population trends on an annual basis, to ensure awareness of the changing demographics and, language needs in our service area.

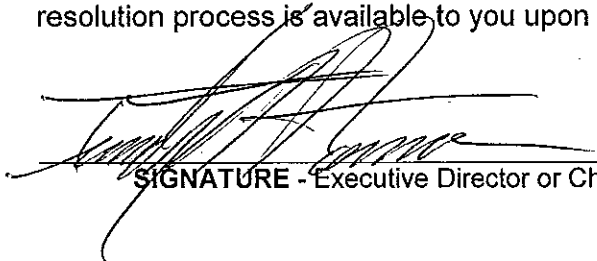
All sub-recipients contracting with this agency are required to comply with the LEP policies requirements.

To assist us in complying with all applicable limited English proficiency rules, regulations and guidelines, I have appointed

(Mr./Ms.) Sonja Jensen

Phone (920)832-6429

as Limited English Proficiency Coordinator. LEP customers are encouraged to ask for language assistance or discuss any perceived discrimination problems with him/her. Information about discrimination complaint resolution process is available to you upon request.

  
\_\_\_\_\_  
SIGNATURE - Executive Director or Chief Executive Officer

  
\_\_\_\_\_  
Date Signed

To assist in complying with all applicable Limited English Proficiency rules, regulations and guidelines, I have appointed as the Limited English Proficiency Coordinator:

LEP Coordinator Name Sonja Jensen	LEP Coordinator Title Public Health Nurse Supervisor
Telephone Number 920 - 832-6429	Email Address sonja.jensen@appleton.org

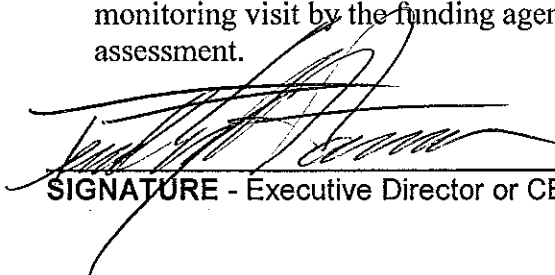
The CITY OF APPLETON agrees to comply with civil rights monitoring reviews, including the examination of records and relevant files maintained by the agency, as well as interviews with staff, clients and applicants for services, subcontractors, and referral agencies.

The CITY OF APPLETON agrees to cooperate with DCF, DHS, and DWD in developing, implementing, and monitoring corrective action plans that result from complaint investigations or other monitoring efforts.

The CITY OF APPLETON agrees to implement the requirements of the CRC Letter of Assurance.

The CITY OF APPLETON agrees to conduct an annual self-assessment as required below.

- Self-Assessment Requirement--Primary recipients and sub-recipients are expected to annually conduct a self assessment of policies and practices to ensure civil rights and EO compliance. In the event of a monitoring visit by the funding agency, we will likely request a copy of your most recent self assessment.



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SIGNATURE - Executive Director or CEO

1/13/14

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Date Signed