1. Date of Survey ______________________

2. Type of Survey Initial______ Annual _____ Other______

3. Name of Entity/School: ______________________________________________________________________

4. Name of Administrative Head_________________________________________________________________
   Title: ____________________________________________________________________________________

5. Name of Title VI and Title IX Coordinator: ____________________________________________________
   Title: __________________________   _________________________________________________________

6. Nondiscrimination Policies: Does your institution/school have a written policy stating that services
   will be provided to all persons without regard to race, color, national origin, or gender?
   Yes ____     No _____

7. Records: Are permanent records kept of all Title VI complaints?      Yes  ____       No ____

8. In the past twelve months, has your entity/institution received any complaint alleging a Title VI violation?
   Yes ____ No _____

9. If yes, use the space below to describe the nature of the complaint and its disposition
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

10. Dissemination: Is Title VI and Title IX information disseminated to your employees, applicants students, or other
    beneficiaries of services? Yes ____ No ____ If Yes, describe how all beneficiaries are informed.
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Declaration of Respondent: I declare that I have completed the data in this self-survey and to
the best of my knowledge and belief, it is true, correct, and complete.

__________________________________________ ___________________________
Signature, Position of Individual Completing Survey Date

Declaration of Administrative Head: I declare that I have reviewed and approved the information provided in this
self-survey and to the best of my knowledge and belief, it is true, correct, and complete.

__________________________________________         ___________________________
Signature, Administrative Head Date
Title VI of the Civil Rights Act of 1964, as codified in 42 U.S.C. 2000d, states that:

No person in the United States shall, on the ground of race, color or
national origin, be excluded from participation in, be denied the benefits
of, or be subject to discrimination under any program or activity receiving
federal financial assistance.

Therefore, whenever The University of Tennessee conducts federally funded research through sub-grantees, contractors, or collaborators, the University requires a representative of these entities to certify that the subcontractor will comply with the requirements of Title VI in regard to the provision of educational programs and services and the research program will be conducted in compliance with all requirements imposed by Title VI. You are asked to complete the assurance statement below to document your entity's compliance with Title VI.

I, ___________________________ have reviewed the protocol or statement of work to be performed under the subcontract between The University of Tennessee and ___________________________, insert name of Sub-grantee, contractor, or collaborator), as well as the federal regulations concerning Title VI. I certify that ___________________________, (insert name of sub-grantee, contractor, or collaborator) provides EQUAL OPPORTUNITY in all programs receiving federal financial assistance and that ___________________________ will conduct the subcontract in compliance with all requirements imposed by Title VI.

____________________________________________
Representative of sub-grantee, contractor, collaborator

________________________
Date

rev. 7/2012