Montana Board of Crime Control

Civil Rights Training Certification

For instructions on how to complete this form, please refer to the [How to Complete the Civil Rights Training Certification](https://mbcc.mt.gov/_docs/Funding/Training-Technical-Assistance/SubgranteeTraining/Example-OCRTrainingCert.pdf) step-by-step document.

|  |  |
| --- | --- |
| **Agency**  | Click or tap here to enter text. |
| **Project Title** | Click or tap here to enter text. |
| **Project Director** | Click or tap here to enter text. |
| **Designated Civil Rights Person**(If you are the Designated Civil Rights Person please check the box) | Click or tap here to enter text. [ ]  I accept responsibility for ensuring project staff understands their responsibilities as outlined in the training. I understand if I have any questions about the material presented and my responsibilities as a Grantee, I will contact my Program Manager at the Board of Crime Control.  |

As required by the U.S. Dept. of Justice, Office for Civil Rights and as a condition of the grant through the Montana Board of Crime Control (MBCC), I acknowledge that I have viewed the [Office for Civil Rights – Training For Grantees](https://www.ojp.gov/program/civil-rights/video-training-grantees/overview), including all of the modules and self-tests listed below:

[ ]  **Overview**

[ ]  **Self Test: Overview**

[ ]  **Services to LEP Persons**

[ ]  **Self Test: Services to LEP**

[ ]  **State Administering Agencies**

[ ]  **Self Test: State Administering Agencies**

[ ]  **Faith-Based Organizations**

[ ]  **Self Test: Faith-Based Organizations**

[ ]  **American Indians**

[ ]  **Self-Test: American Indians**

[ ]  **Standard Assurances**

[ ]  **Self Test: Standard Assurances**[ ]  **Transcript**

[ ]  **Reuse or Repost**

[ ]  **Disclaimer**

[ ]  I understand and accept responsibility for what is required of me as outlined in the training. I understand if I have any questions about the material presented and my responsibilities as a Grantee, I will contact my Program Manager at the Board of Crime Control.

**OVW (SASP, VAWA) Subrecipients ONLY:**

[ ]  As required by the U.S. Dept. of Justice, Office for Civil Rights and as a condition of the grant through the Montana Board of Crime Control, I acknowledge that I have viewed the [Civil Rights Training for Montana Board of Crime Control OVW Subrecipients](http://mbcc.mt.gov/Portals/130/Working%20Together/OCR%20Training/OVW_OCRTrain.pdf). I understand and accept responsibility for what is required of me as outlined in the training. I understand if I have any questions about the material presented and my responsibilities as a Grantee, I will contact my Program Manager at the Board of Crime Control.

|  |  |
| --- | --- |
| **Signature** |  |
| **Printed Name** | Click or tap here to enter text. |
| **Date** | Click or tap here to enter text. |

Once you have viewed the training and completed the self-tests, fill out this form, print and sign a copy to be included in the application for funding to MBCC.