



New Mexico State University
College of Agricultural, Consumer and Environmental Sciences
Cooperative Extension Service

Civil Rights Yearly Compliance Report*
_____ **County**

October 1, 20__ - September 30, 20__

PROGRAM DEVELOPMENT

1. Provide examples of educational programs in Agriculture, 4-H, Home Economics and Community Development that reached **NON-TRADITIONAL CLIENTELE** (those who do not typically participate in Extension programs) in your Plans of Work this past year.

GRASSROOTS ORGANIZATIONS

2. List the **GRASSROOTS ORGANIZATIONS** serving minority clientele that you worked with this year. Include the name of the group, type of contact, and outcomes. (EXAMPLES: Navajo Chapter House, Two Gray Hills, planned and conducted Poisonous Plants Workshop, 27 attended; Head Start Program, Artesia, infant nutrition material mailed to 25 parents.)

PUBLIC NOTIFICATION

- 3a. Identify the **MASS MEDIA** you use to inform the public about programs. Include the type of media (daily or weekly newspapers, radio, television, posters in community locations, and/or other methods such as use of mailing lists from other organizations), frequency of use (daily, weekly, or for special events only), and type of use (publicize programs; provide educational information).

MEDIA

FREQUENCY OF USE

TYPE OF USE

*To be completed for the Extension office by the County Director or by each County Extension Agent (by program area).

3b. Provide examples of other methods used to inform non-traditional audiences about Extension programs (word of mouth; announcements at meetings; flyers on billboards).

COMMUNICATION FORM

FREQUENCY OF USE

TYPE OF USE

4. Identify the non-Extension groups (partnerships, collaborations, teams) worked with during the past year, and how you determined that they did not discriminate. **(The following chart also needs to be filed annually in your Civil Rights File by Program Area.)**

**RECORD OF NON-DISCRIMINATION BY
GROUPS, AGENCIES AND ORGANIZATIONS
ASSISTED BY NMCES**

County _____ Program Area _____ Program Year _____

Assistance Provided to the Following Groups, Agencies and Organizations:	How do you know that the group does not discriminate?						
	Extent* of Assistance	Personal Knowledge of Membership	Observation	Knowledge of By-Laws	Asked	Federal, State or Local Govt. Agency	Other: (Describe)

(*Identify the Extent of Assistance. Was it one 20 minute presentation during the year? Organizational assistance 3 times during the year averaging 2 hours each? Or, monthly assistance of approximately 2 days per month?) File Annually, Program Area Civil Rights File. 12.9, 13.9, 14.9 or 15.11.)

CIVIL RIGHTS TRAINING

- 5. Provide a record of **CIVIL RIGHTS TRAINING(S)** (orientations, in-service, or on-going trainings) provided for county CES faculty, staff, paraprofessional, or volunteers by the County Director or others over the past year.

DATE PLACE TOPIC WHO PARTICIPATED

COUNTY COMPLIANCE REVIEW

- 6. If you were **ONE** of the seven counties involved in a County Compliance Review (this past year, 20__) what actions have you taken as a follow-up to that review?

ACCOMMODATIONS MADE

- 7. Provide **examples** of accommodations made to include clientele with disabilities in Extension programs/activities, and use of the ADA clause on meeting announcements or registration forms.