



How to Complete the Civil Rights Training Certification

At the time of application:

One individual is required to act as the Designated Civil Rights Person, complete the Civil Rights Training and fill, sign, and upload the Civil Rights Training Certification Form to AmpliFund at the time of their application. By signing and submitting the form, the individual certifies that, if awarded, they are responsible for ensuring all individuals required to complete the training as part of the grant conditions do so and submit their copies of the certification form after receipt of the award.

Agency	Montana Board of Crime Control	
Project Title	Example Project	
Project Director	Blake Anderson ¹	
Designated Civil Rights Person (If you are the Designated Civil Rights Person please check the box) ²	Taylor Smith	
	<input checked="" type="checkbox"/> 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 , including all of the modules and self-tests listed below:		
<input checked="" type="checkbox"/> Overview	<input checked="" type="checkbox"/> Faith-Based Organizations	<input checked="" type="checkbox"/> Transcript
<input checked="" type="checkbox"/> Self Test: Overview	<input checked="" type="checkbox"/> Self Test: Faith-Based Organizations	<input checked="" type="checkbox"/> Reuse or Repost
<input checked="" type="checkbox"/> Services to LEP Persons	<input checked="" type="checkbox"/> American Indians	<input checked="" type="checkbox"/> Disclaimer
<input checked="" type="checkbox"/> Self Test: Services to LEP	<input checked="" type="checkbox"/> Self-Test: American Indians	
<input checked="" type="checkbox"/> State Administering Agencies	<input checked="" type="checkbox"/> Standard Assurances	
<input checked="" type="checkbox"/> Self Test: State Administering Agencies	<input checked="" type="checkbox"/> Self Test: Standard Assurances	
³ <input checked="" type="checkbox"/> 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.		
⁴ <input type="checkbox"/> 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 . 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	Taylor Smith ¹	
Printed Name	Taylor Smith	
Date	12/20/2020	

¹ The individual acting as the Designated Civil Rights Person will complete the training, include their name at top of the form, then sign and date the bottom of the form.

² The Designated Civil Rights Person must check the box stating they accept responsibility for ensuring project staff understands their responsibilities as outlined in the training.

³ The Designated Civil Rights Person must check the box at the top of the form to certify they understand what is required of them.

⁴ If applying for VAWA or SASP funds, the Designated Civil Rights Person must also complete the OVW-Specific Civil Rights Training and check the associated checkbox on the form. Applicants applying for any other funding source (i.e. VOCA, DVI, JAG, Title II, RSAT, etc.) are not required to complete the OVW-Specific training and may leave the box unchecked.

Upon receipt of the award letter:

Once your agency or organization has received its award letter, please review the Special Conditions. Any individuals required to complete Civil Rights Training as part of the Special Conditions (i.e. individuals whose positions are funded through VOCA, VAWA, or SASP *and* who provide direct services to victims) must complete the training linked in the form and complete, sign, and upload the Civil Rights Training Certification form to the Public folder in AmpliFund.

Agency	Montana Board of Crime Control
Project Title	Example Project
Project Director	Blake Anderson
Designated Civil Rights Person (If you are the Designated Civil Rights Person please check the box) 2	<input type="checkbox"/> 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. 1

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](#), including all of the modules and self-tests listed below:

<input checked="" type="checkbox"/> Overview	<input checked="" type="checkbox"/> Faith-Based Organizations	<input checked="" type="checkbox"/> Transcript
<input checked="" type="checkbox"/> Self Test: Overview	<input checked="" type="checkbox"/> Self Test: Faith-Based Organizations	<input checked="" type="checkbox"/> Reuse or Repost
<input checked="" type="checkbox"/> Services to LEP Persons	<input checked="" type="checkbox"/> American Indians	<input checked="" type="checkbox"/> Disclaimer
<input checked="" type="checkbox"/> Self Test: Services to LEP	<input checked="" type="checkbox"/> Self-Test: American Indians	
<input checked="" type="checkbox"/> State Administering Agencies	<input checked="" type="checkbox"/> Standard Assurances	
<input checked="" type="checkbox"/> Self Test: State Administering Agencies	<input checked="" type="checkbox"/> Self Test: Standard Assurances	

3 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.

4 **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](#). 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	<i>Skyler Jones</i> 1
Printed Name	Skyler Jones
Date	07/06/2021

¹ Individuals must leave the “Designated Civil Rights Person” text-entry field blank and simply sign and date the bottom of the form.

² Individuals must leave the “Designated Civil Rights Person” checkbox unchecked.

³ Individuals must check the box stating they understand what is required of them.

⁴ Individuals (1) whose position is funded under VAWA or SASP *and* (2) who provide direct services to victims must also complete the OVW-Specific Civil Rights Training and check the associated checkbox on the form. For all other individuals, this box may be left unchecked.