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/Working-Together/OCR-Training/Example-OCRTrainingCert.pdf) step-by-step document.

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| --- | --- |
| **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.