ASSURANCE OF COMPLIANCE
(Form CR-1)

As stated in University of Missouri Extension’s Affirmative Action Plan and as required by standards established by the United States Department of Justice, University of Missouri Extension cannot provide assistance to any organization that excludes any person from membership, employment or any program or activity on the basis of their race, color, religion, sex, sexual orientation, national origin, age, disability, or status as a protected veteran.

The attached statement of compliance is to be agreed upon and signed by the president or designated representative of any organization which receives substantial educational assistance from University of Missouri Extension. Faculty, staff, and administrators should review the guidelines for securing compliance statement at http://extension.missouri.edu/staff/documents/EEO/GuidelinesForSecuringComplianceCR-Forms.pdf. Note that this form is only to be signed by new partners or if there is a change in the leadership or direction of existing partners. It does not need to be signed by school systems or government agencies, as they have their own compliance forms.

Three copies of the form are to be signed. One copy should be kept by the organization/association. One copy should be retained for county Affirmative Action files, and one submitted to the respective regional director.

Thank you for your help and cooperation.

Sincerely,

[Signature]

Marshall Stewart
Vice Chancellor for Extension and Engagement
ASSURANCE OF COMPLIANCE

Statement to be signed by organizations receiving substantial educational assistance by University of Missouri Extension

NAME OF ORGANIZATION ________________________________________________

Street ________________________________________________________________

City _________________________________________________________________

State ___________ Zip _________________

My organization does not exclude any person from membership, employment, any program or activity on the basis of their race, color, religion, sex, sexual orientation, national origin, age, disability, or status as a protected veteran.

Signed _____________________________________________

Organization President OR Authorized Representative

Date________________________________________________________________________