

**THE CITY OF KNOXVILLE  
TITLE VI DOCUMENTATION**

**SUB-RECIPIENT SURVEY**

1. Date of Survey: \_\_\_\_\_

2. Type of Survey: Initial \_\_\_\_\_ Annual \_\_\_\_\_ Other \_\_\_\_\_

3. Sub-Recipient: \_\_\_\_\_

4. Sub-Recipient Director: \_\_\_\_\_

5. City of Knoxville Title VI Departmental Coordinator: Joshalyn Hundley, 215-3867

6. Advisory Group or Advisory Board

a. Racial composition of the Advisory Group or Governing Board:

TOTAL: \_\_\_\_\_

Number of Whites: \_\_\_\_\_

Number of Blacks: \_\_\_\_\_ Hispanics: \_\_\_\_\_ Native Americans: \_\_\_\_\_ Others: \_\_\_\_\_

b. How are members selected? \_\_\_\_\_

c. Length of term members serve on the Advisory Group or Board?

\_\_\_\_\_

d. If no minorities are on the Advisory Group or Board and they represent at least 5% of the population in the geographical service area, what steps will be taken to obtain minority representation on the Advisory Group or Board?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Does a written policy exist stating that services will be provided to all persons without regards to race, color, or national origin?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. **Posters:**  
**Are posters containing Title VI information prominently displayed within the Sub-Recipient facility?**

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Do the posters show the name of the Title VI Coordinator to whom complaints Should be referred?**

9. **Describe below any complaints received in this report period:**

| Name of Complainant | Race | Charge | Findings |
|---------------------|------|--------|----------|
|                     |      |        |          |
|                     |      |        |          |
|                     |      |        |          |
|                     |      |        |          |

10. **Are permanent records kept of all Title VI Complaints?**

Yes \_\_\_\_\_ No \_\_\_\_\_

- a. **Has this sub-recipient been monitored for Title VI compliance by a state or federal agency?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes give date: \_\_\_\_\_ Results: Compliance \_\_\_\_\_ Non-compliance \_\_\_\_\_**

11. **Are applicants aware of their rights under Title VI, including the right to file a complaint?**

Yes \_\_\_\_\_ No \_\_\_\_\_

12. **Compliance Assurance: Do all contracts to provide direct services to clients contain a Title VI statement of compliance?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, attach a copy of the Title VI statement included in such contracts.**

13. **Are recipients and vendors, if any, aware of the City of Knoxville's commitment to Title VI?**

Yes \_\_\_\_\_ No \_\_\_\_\_

14. **Does the staff address individuals without regard to race, color, or national origin, in both oral and written communications?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Declaration of Department Coordinator: I declare that I have completed the data in this survey and to the best of my knowledge, it is correct and complete.**

\_\_\_\_\_  
Signature of person Completing Survey

\_\_\_\_\_  
Date

**Declaration of Title VI Coordinator: I declare that I have reviewed and approved the information provided in this survey and to the best of my knowledge, it is correct and complete.**

\_\_\_\_\_  
Signature of Title VI Coordinator

\_\_\_\_\_  
Date