



# Office of Children and Family Services

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Acting Commissioner

## Administrative Directive

<b>Transmittal:</b>	15-OCFS-ADM-23
<b>To:</b>	Commissioners of Social Services Executive Directors of Domestic Violence Programs
<b>Issuing Division/Office:</b>	Strategic Planning and Policy Development
<b>Date:</b>	October 16, 2015
<b>Subject:</b>	<b>Non-discrimination on the Basis of Sex, Sexual Orientation, and Gender Identity or Expression in Residential and Non-residential Domestic Violence Programs</b>
<b>Suggested Distribution:</b>	Directors of Social Services Domestic Violence Liaisons Staff Development Coordinators Residential and Non-residential Domestic Violence Program Directors Legal Staff
<b>Contact Person(s):</b>	Questions concerning this release should be directed to the appropriate Regional Office, Division of Child Welfare and Community Services:  Buffalo Regional Office- Dana Whitcomb (716) 847-3145 <a href="mailto:Dana.Whitcomb@ocfs.ny.gov">Dana.Whitcomb@ocfs.ny.gov</a> Rochester Regional Office- Karen Buck (585) 238-8201 <a href="mailto:Karen.Buck@ocfs.ny.gov">Karen.Buck@ocfs.ny.gov</a> Syracuse Regional Office- Sara Simon (315) 423-1200 <a href="mailto:Sara.Simon@ocfs.ny.gov">Sara.Simon@ocfs.ny.gov</a> Albany Regional Office- Kerri Barber (518) 486-7078 <a href="mailto:Kerri.Barber@ocfs.ny.gov">Kerri.Barber@ocfs.ny.gov</a> Spring Valley Regional Office- Yolanda Désarmé (845) 708-2499 <a href="mailto:Yolanda.Desarme@ocfs.ny.gov">Yolanda.Desarme@ocfs.ny.gov</a> New York City Regional Office- Raymond Toomer (212) 383-1808 <a href="mailto:Raymond.Toomer@ocfs.ny.gov">Raymond.Toomer@ocfs.ny.gov</a> Native American Services- Heather LaForme (716) 847-3123 <a href="mailto:Heather.LaForme@ocfs.ny.gov">Heather.LaForme@ocfs.ny.gov</a>
<b>Attachments:</b>	Attachment A – Equinox intake screening instrument Attachment B - FVPSA LGBTQ Accessibility Policy

**Filing References**

Previous ADMs/INFs	Releases Cancelled	NYS Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
		18 NYCRR §§ 452-455, 462	<a href="#">NYS Social Services Law, Article 6-A</a>		

**I. Purpose**

The purpose of this Administrative Directive is to reaffirm the New York State Office of Children and Family Services' (OCFS) requirement that residential and non-residential programs for victims of domestic violence provide shelter and appropriate services for all victims of domestic violence, regardless of race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, marital status, or disability. This policy clarifies the requirement for domestic violence programs to provide services to males and lesbian, gay, bisexual, transgender, intersex and questioning (LGBTQ) persons, and provides guidance to domestic violence programs for fulfilling federal requirements regarding this commitment necessary for receiving funds through the federal Family Violence Prevention and Services Act (FVPSA) and the Violence Against Women Act (VAWA).

**II. Background**

The New York State Domestic Violence Prevention Act ([Article 6-A of the Social Services Law \(Sections 459-a through 459-h\)](#)) was first enacted in 1987 as a response to the need for specialized supports for victims of domestic violence and their children. This law requires social services districts to provide shelter and services to victims of domestic violence and establishes mainstream funding mechanisms for these programs. Following the enactment of this Act, OCFS developed regulations to:

- Promote standards for the establishment and maintenance of residential and non-residential domestic violence programs.
- Establish social services district responsibility for financial and contractual arrangements with providers of domestic violence residential services.

These regulations - 18 NYCRR Parts 408, 452-455, and 462 - can be found on the OCFS website at: [ocfs.ny.gov/main/dv/regulations.asp](http://ocfs.ny.gov/main/dv/regulations.asp).

The federal Family Violence Prevention and Services Act (FVPSA), first enacted as part of the Child Abuse Amendments of 1984 ([P.L. 98-457](#)) and most recently reauthorized by the Child Abuse Prevention and Treatment Act (CAPTA) Reauthorization Act of 2010 (P.L. 111-320; [42 U.S.C. §§ 10401 – 10414](#)), provides funding to help victims of domestic violence and their dependent children by providing shelter and related help and providing violence prevention programs. When the federal Administration for Children & Families announced the requirements for [FVPSA Grants to States for Domestic Violence Shelters and Support Services](#) in 2013,<sup>1</sup> the announcement contained requirements that programs include and consider the needs of LGBTQ program participants, and that programs establish policies prohibiting harassment of program participants based on race, sexual

<sup>1</sup> Federal Register, Volume 78, Number 75 (Thursday, April 18, 2013), Pages 23263-23271, FR Doc No: 2013-08711.

orientation, gender, gender identity or expression, religion, and national origin. The announcement also requires that staff members of funded programs must be trained to prevent and respond to harassment and bullying, and that programs must put into effect procedures for monitoring and seriously addressing claims or grievances of discrimination or harassment based on any of the above factors.

Furthermore, the federal [Violence Against Women Reauthorization Act of 2013 \(Public Law No: 113-4\)](#) prohibits discrimination on the basis of actual or perceived race, color, religion, national origin, sex, gender identity [as defined in [18 U.S.C. 249\(c\)\(4\)](#)], sexual orientation, or disability by recipients of funds for all grant programs administered by the Office on Violence Against Women (OVW). The Violence Against Women Act (VAWA) provides an exception to the provision on sex discrimination in certain instances where sex segregation or sex-specific programming has been determined to be necessary to the essential operation of a program.

The U.S. Department of Justice has issued *Frequently Asked Questions: Nondiscrimination Grant Condition in the Violence Against Women Reauthorization Act of 2013*, which can be accessed at:

<http://www.justice.gov/sites/default/files/ovw/legacy/2014/06/20/faqs-ngc-vawa.pdf>.

### III. Program Implications

New York State social services regulations [18 NYCRR 452.9(a) and 462.2(d)] require residential and non-residential programs for victims of domestic violence to provide emergency services and temporary shelter to *any* victim of domestic violence [as defined in [18 NYCRR 452.2\(g\)](#)] and his or her minor children, or to have a plan to refer such persons to any available appropriate programs. This includes persons who have special needs, are hearing impaired, or are non-English speaking victims. Programs may *not* accept any person who is in need of medical, mental health, nursing care, or other assistance that the program cannot provide itself or with the assistance of other community resources. Programs may also *not* accept anyone who has a communicable disease that could be transmitted to other residents, who refuses to sign an agreement accepting the program's rules, or who is likely to cause danger to him- or herself or others or to substantially interfere with the health, safety, welfare, or care of other residents.

A residential program for victims of domestic violence may not categorically determine that a person is likely to cause danger to themselves or to others or to substantially interfere with the health, safety, welfare or care of other residents solely because of that person's sex, sexual orientation, or gender identity or expression. Similarly, programs cannot summarily determine that they are unable to appropriately meet a victim's needs solely because of that person's sex, sexual orientation, and/or gender identity or expression.

However, programs may determine that sex segregation or sex-specific programming is necessary for the essential operation of their program. The U.S. Department of Justice guidance defines sex-segregated and sex-specific programming as follows:

Programming is "sex-segregated" when males and females receive services in separate settings. Programming is "sex-specific" when a program designs it differently for males and females. Both "sex-

segregated” and “sex-specific” programming places individuals in a position to “choose” to identify with a particular sex.”<sup>2</sup>

A determination as to whether sex segregation or sex-specific programming is necessary for the essential operation of the program is a fact-specific inquiry and may not be based solely on convenience or rooted in stereotypes. Programs must consider the following in evaluating whether sex-segregated or sex-specific programming is necessary to the essential operations of the program: the nature of the service, the anticipated positive and negative consequences to all eligible victims of not providing the program in a sex-segregated or sex-specific manner, the literature on the efficacy of the service being sex-segregated or sex-specific, the impact on transgender individuals seeking services, and whether similarly situated programs providing the same services have been successful in providing services effectively in a manner that is not sex-segregated or sex-specific. A program may not provide sex-segregated or sex-specific services for reasons that are trivial or based solely on the program’s convenience.

For further guidance, see the U.S. Department of Justice guidance:  
<http://www.justice.gov/sites/default/files/ovw/legacy/2014/06/20/faqs-ngc-vawa.pdf>.

Unless the residential program for victims of domestic violence has determined that sex segregation or sex-specific programming is necessary for the essential operation of its program, **the domestic violence residential program may not refer a victim or a victim’s family member to another program, program location, or shelter because of the sex, sexual orientation, or gender identity or expression of the victim or any member of the victim’s family.**

#### IV. Required Action

By no later than January 15, 2016, every residential and non-residential program for victims of domestic violence that OCFS licenses, funds, approves, or oversees must establish a written policy affirming that it accepts persons in the categories above and that it prohibits harassment of any program participant based on race, sexual orientation, gender, gender identity or expression, religion, or national origin. Furthermore, if a program has determined that sex-segregated or sex-specific programming is necessary to the essential operations of the program, it must explain how it reached this conclusion in its policy. Each program must establish written procedures for responding to harassment or bullying in all forms and for monitoring claims, including addressing such claims seriously and documenting corrective action(s) taken. Each program must develop plans for training staff members to respond to harassment or bullying. OCFS will review these policies, procedures, plans, and records of residential programs as part of its oversight activities. Residential and non-residential programs for victims of domestic violence must also review and, if needed, revise their outreach and education materials, including websites. All information provided on websites and in outreach/education materials must reflect that the program’s services are available for all persons regardless of sex, sexual orientation, and/or gender identity or expression.

As required by [18 NYCRR 452.9\(a\)\(7\)](#), each residential program for victims of domestic violence program must provide each resident admitted to the program’s shelter with a

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<sup>2</sup> See U.S. Department of Justice’s *Frequently Asked Questions: Nondiscrimination Grant Condition in the Violence Against Women Reauthorization Act of 2013* (2014, Apr. 9), at page 6.  
<<http://www.justice.gov/sites/default/files/ovw/legacy/2014/06/20/faqs-ngc-vawa.pdf>>.

written notice within one working day of the person's admission, which must include, among other things:

- A copy of the program's policies that prohibit discrimination or harassment of any person in the residential program because of the person's race, sexual orientation, gender, gender identity or expression, religion, or national origin.
- Notice of the right to present grievances, on one's own behalf or on behalf of other residents, to the program operator or the operator's designee, to the local social services district, and/or to OCFS without fear of reprisal. The notice must provide the procedures for presenting grievance(s).

## V. Systems Implications

There are no systems implications resulting from this policy.

## VI. Additional Information

Programs are encouraged to think about how to welcome, integrate, and successfully serve people regardless of their gender, sexual orientation, and gender identity or expression in their residential programs. This includes providing housing in their shelters, domestic violence programs, safe dwellings, or safe homes networks, and providing support groups and other residential and non-residential program activities. Any program that feels that it needs help with accommodating diverse groups in a setting is encouraged to contact its regional office domestic violence coordinator.

Residential programs for victims of domestic violence that are concerned about the possibility of admitting someone who may be an abuser rather than a victim are advised to use their intake processes to carefully assess potential residents, but are advised that a person's sex, sexual orientation, or gender identity or expression is not evidence that a person is not a victim or may be an abuser. An example of an intake instrument used by a domestic violence shelter that has routinely admitted males and LGBTQ persons is included as Attachment A.

Attachment B is the LGBTQ Accessibility Policy for FVPSA. Programs may, but are not required to, refer to it for language to use in their non-discrimination and non-harassment policies.

Programs can find additional information that could be helpful at the following websites:

- The New York City Anti-Violence Project (AVP) [www.avp.org](http://www.avp.org). AVP has dedicated programming to address LGBTQ domestic violence, including counseling, advocacy and direct legal services. AVP offers technical assistance and training to service providers and organizations and coordinates the New York State LGBTQ Domestic Violence Network, whose mission is to increase access to DV services for LGBTQ victims of domestic violence.
- The Network/La Red <http://tnlr.org>. The Network/La Red provides information about domestic violence for LGBTQ persons and offers technical assistance for service providers. Its offerings include [\*Open Minds Open Doors: Transforming\*](#)

[Domestic Violence Programs to Include LGBTQ Survivors](#),<sup>3</sup> a free manual for service providers. The manual is also available from Network La Red in hard copy.

## VII. Effective Date

This directive is effective on the date of issuance.

*Thomas R. Brooks*

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### **Issued By:**

Name: Thomas R. Brooks

Title: Deputy Commissioner

Division/Office: Strategic Planning and Policy Development

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<sup>3</sup> *Open Minds Open Doors: Transforming Domestic Violence Programs to Include LGBTQ Survivors* can be accessed at [http://www.ncdsv.org/images/TheNetworkLaRed\\_OpenMindsOpenDoors\\_2010.pdf](http://www.ncdsv.org/images/TheNetworkLaRed_OpenMindsOpenDoors_2010.pdf).

Attachment A

Staff Initials \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_ Case # \_\_\_\_\_

**Equinox Domestic Violence Shelter Intake Form**

Are you in a safe place to talk for about 15 minutes? \_\_yes \_\_no

If no, would you like me to call the police or ambulance for assistance?

\_\_yes \_\_no Address calling from: \_\_\_\_\_

Do you have a safe number for me to call in case we get disconnected? \_\_\_\_\_

Is this a: \_\_ cell phone \_\_service provider \_\_friend's/family's house \_\_public?

How should I identify myself when I call back (i.e. Equinox, a cleaning service, cable company or friend's name)? \_\_\_\_\_

The Equinox Domestic Violence Shelter is made up of shared bedrooms with a maximum of three adults to a room and shared common areas at a 24-hour staffed confidential location within Albany County- so you may have a roommate or be asked to change rooms to accommodate more people. Shelter staff can help with obtaining social services or social security to secure financial means to obtain permanent housing. They also help with information and referral for your housing search, education, mental health, substance abuse, medical and employment concerns. Legal assistance and counseling services are also available by staff in Equinox Domestic Violence Services Outreach Department.

The Equinox Domestic Violence Shelter serves people of all racial/cultural backgrounds, religions, sexual orientations (lesbian, gay, bisexual, heterosexual), gender identities (men, women, transgender people), abilities, citizenship status and ages. Some of the questions on this intake may not pertain to you, but please bear with me as all of these questions need to be asked to satisfy our funders' and program's needs.

I'm going to complete a short intake form with you that will take about 15-20 minutes to make sure this is the most appropriate place to meet your needs. If it is not, I'll help you find the right place.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you have a preferred name that is different from your legal name? \_\_\_\_\_

*(Use this name for rest of intake)*

Gender (i.e. man, woman, transgender man, transgender woman, intersex): \_\_\_\_\_

Do you have a preferred pronoun (i.e. he or she)? \_\_\_\_\_

Have you ever been known by any other name (i.e. maiden, married)? \_\_\_\_\_

*(Check name in DNR, client and abuser database, and sex offender registry)*

Where are you staying? (Address): \_\_\_\_\_ (County): \_\_\_\_\_

Where do you receive mail? \_\_\_\_\_

If currently at temporary address, where were you living previously? \_\_\_\_\_

(County): \_\_\_\_\_

If out of County, why are you seeking to leave? \_\_\_\_\_

*(Make sure address is outside safety zone)*

Are there other people who will be coming to shelter with you now? \_\_ Yes \_\_ No

Are you planning on anyone coming to stay with you in shelter in the future?

If yes, When? \_\_\_\_\_

Why are they unable to come with you now? \_\_\_\_\_  
\_\_\_\_\_

*(If yes, it may be important to talk about the potential risks of waiting to bring in children, such as establishing custody, and help determine if there is a safe way to bring children with them now)*

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

*(Check Bed Space Chart)*

Can you tell me a little bit about what has led you to seek our services? What led up to this? Has this ever happened before?

*(Feel free to use table on the next page)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is this person's name? \_\_\_\_\_

Are they known by any other name? \_\_\_\_\_

What is their gender? \_\_\_\_\_

What is your relationship to this person? \_\_\_\_\_

How long have you known them? \_\_\_\_\_

Where does this person live? \_\_\_\_\_

Where did this situation occur? \_\_\_\_\_ When? \_\_\_\_\_

Did you receive any injuries?  yes  no

If yes, what was the injury? \_\_\_\_\_

Was medical attention sought?  yes  no

If no, can we help you obtain medical assistance?  yes  no

Have you sought out any other services from an agency as a result of this (i.e. shelter, police assistance)? \_\_\_\_\_  
\_\_\_\_\_

Are you being mandated by any agency to seek services?  yes  no

If yes, reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you tell me a little bit about what your relationship has been like in the past? *(Look for patterns)* \_\_\_\_\_  
\_\_\_\_\_



How would you describe your partner/the other person? How would you describe your children? (if applicable) *(Look for a sense of entitlement, blaming the other person, gender or other stereotypes)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you typically have disagreements/fight about? What leads up to these disagreements? How do disagreements usually end? *(Look for the intention behind a particular behavior and who has more power and control as a result of the particular behavior)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How are decisions typically made about shared responsibilities (parenting, household duties, financial decisions, how to spend your time each day)? *(Look for agency. Even though a survivor may have the power to make some of their own choices in a relationship, an abuser is usually determining how much)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your relationship like with family and friends? How about your partner's/other person's relationship with their family and friends? Have these relationships been affected by your relationship? *(Look for a feeling of isolation)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you worry that if you don't do a certain task right/in the way your partner/other person wants that there will be consequences? *(Look for 'walking on eggshells' feeling, fear and/or dread)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this person have access to weapons? \_\_\_\_\_  
Is he/she affiliated with a gang? Is he/she affiliated with a police, fire, EMS, CPS, DSS or other similar agency? If so, what department or station is he/she affiliated with?  
\_\_\_\_\_

Might other people be looking for you? \_\_\_\_\_  
Where do you often go in Albany (addresses of employment, treatment, family friends)?  
\_\_\_\_\_  
\_\_\_\_\_

Would he/she look for you at these places? \_\_\_\_\_  
Where does the other person (partner/family member/etc) often go in Albany?  
\_\_\_\_\_

Is there anything you are leaving behind to come into shelter (children, pets, important documents-license, registration, deeds, passport, items of meaning to you)? \_\_yes \_\_no

*(If yes, discuss potential issues that might arise and possible alternatives. For example, are there things that could be safely retrieved now, or should staff work on a police escort? If they have a pet that they fear will be abused and cannot stay with family and friends, call Mohawk Hudson Humane Society at 434-8128)*

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Do you or does anyone coming with you have any health or medical concerns we should be aware of in order to make special accommodations for you in a community living environment (wheel chair access, skin conditions, illness, medications that require refrigeration, pregnancy)?  yes  no

If yes, explain: \_\_\_\_\_

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Many people who have experienced trauma could benefit from speaking with someone about what they have experienced. This is why we ask everyone to meet with one of our domestic violence counselors at least once. Equinox can also make referral to other service providers by request. Are you or is anyone coming with you currently receiving counseling or have ever received counseling for any reason?  yes  no

If no, please explain: \_\_\_\_\_

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Equinox is a community residence with shared rooms (maximum of three adults to a room), so you may have a roommate. There may be children in shelter and people with diverse backgrounds. Do you think you would be comfortable living in this environment?  yes  no

If no, please explain: \_\_\_\_\_

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Sometimes there can be disagreements between people residing here or with staff. How do you feel you might handle a disagreement if it arises? *(Remind person they can always seek out staff.)* \_\_\_\_\_

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Many people who have experienced trauma have used substances to cope with that trauma. If you have been using a substance and would like assistance in finding a treatment program, Equinox can make referrals. The Equinox main office has a substance use counseling center onsite to make your care convenient for you. If you are not interested in treatment at this time, Equinox asks that you remain mindful of our House Guidelines: No alcohol or substance use is permitted onsite and any behavior, related to substance use or not, that appears to threaten yourself or others (for example, aggression when interacting with staff or residents) is not permitted.

Do you or does anyone coming with you have any substance abuse concerns at this time (including any mandated services)?  yes  no

If yes, please explain: \_\_\_\_\_

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Please be mindful that actively using substances while in the shelter program does not bar you from accessing Equinox's services, but no one is permitted to enter the program while under the influence. Would you like a referral to a detox center before entering shelter? yes no

**Please read House Guidelines**

Is there anything that might make it difficult for you to follow these guidelines? yes no

If yes, please explain: \_\_\_\_\_

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Every person admitted into shelter is required to apply for public assistance through the Albany County Department of Social Services whether or not they are eligible. This includes providing copies of available personal identification such as birth certificates, social security cards and drivers' licenses. If these items are not available, it may be a requirement to begin the process to obtain them during your stay. Equinox has a relationship with the Empire Justice Center's immigration attorneys that will help immigrants look into options for obtaining documentation without endangering their safety in the United States. Will you agree to apply for public assistance? yes no

If no, please explain: \_\_\_\_\_

One of our requirements upon arrival will be to have you run all clothes through our dryers for 20 minutes, and have all of your belongings steamed by a member of our staff. This process is for pest prevention. Will you agree to this?

yes  no

*(Please put caller on hold and consult with another staff member to determine eligibility.)*

Is person being admitted? yes no      Is this a re-admission? yes no

If not being admitted, give reason: \_\_\_\_\_

Note any pertinent information for team review or follow up: \_\_\_\_\_

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Method of transportation to meeting place: cab walking driving bus other: \_\_\_\_\_

**\*\*\* PLEASE REMEMBER TO OBTAIN SOCIAL SECURITY NUMBER IF WE ARE PROVIDING TRANSPORTATION \*\*\*** SS#: \_\_\_\_\_

How will we be able to identify you (description of clothing, bags, car, etc)? \_\_\_\_\_

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Will anyone be accompanying you? no one friend family member other: \_\_\_\_\_

**Please remember that the shelter location is confidential. Your safety and confidentiality, as well as the safety and confidentiality of other residents will be jeopardized if others know you are here. Also please remember that this shelter will become an unsafe option for you if the person who has led you to seek shelter accompanies you to the place of pick-up.**

Meeting place: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please contact us in the event your plans change because we cannot save a space for you after this time.

## Attachment B

**U.S. Department of Health & Human Services  
Administration on Children, Youth and Families (ACYF)  
Family and Youth Services Bureau (FYSB)  
Standing Announcement for Family Violence Prevention and Services Grants to States  
for Domestic Violence Shelters and Support Services**

### **LGBTQ Accessibility Policy**

As the Authorized Organizational Representative (AOR) signing this application on behalf of  
*[Insert full, formal name of applicant organization]*

I hereby attest and certify that:

The needs of lesbian, gay, bisexual, transgender, and questioning program participants are taken into consideration in applicant's program design. Applicant considered how its program will be inclusive of and non-stigmatizing toward such participants. If not already in place, awardee and, if applicable, sub-awardees must establish and publicize policies prohibiting harassment based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin. The submission of an application for this funding opportunity constitutes an assurance that applicants have or will put such policies in place within 12 months of the award. Awardees should ensure that all staff members are trained to prevent and respond to harassment or bullying in all forms during the award period. Programs should be prepared to monitor claims, address them seriously, and document their corrective action(s) so all participants are assured that programs are safe, inclusive, and non-stigmatizing by design and in operation. In addition, any sub-awardees or subcontractors:

- Have in place or will put into place within 12 months of the award policies prohibiting harassment based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin;
- Will enforce these policies;
- Will ensure that all staff will be trained during the award period on how to prevent and respond to harassment or bullying in all forms, and;
- Have or will have within 12 months of the award, a plan to monitor claims, address them seriously, and document their corrective action(s).

Insert Date of Signature:

Print Name and Title of the AOR:

Signature of AOR: