



OVW Specific

Civil Rights Training Certification

Agency: _____

Project Title: _____

Grant #: _____

Project Director: _____

Designated Civil Rights Person: _____

As required by the U. S. Dept. of Justice, Office of Civil Rights and as a condition of the grant through the Montana Board of Crime Control, I acknowledge that I have viewed the Board of Crime Control's presentation on Civil Rights. I accept responsibility for ensuring project staff understands their responsibilities as outlined in the presentation. 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: _____

Date: _____

Once you have viewed the presentation, fill out this form, print and sign a copy to be included in the signed award packet and return to MBCC.