

Department of Elementary and Secondary Education
Division of Vocational Rehabilitation
3024 Dupont Circle, Jefferson City, MO 65109

**ASSURANCE OF COMPLIANCE with the Department of Health,
Education and Welfare Regulation under Title VI of the Civil Rights Act of 1964;
Section 504, Vocational Rehabilitation Act of 1973 as Amended**

(hereinafter called "the Agency")

Name of Agency

Address

HEREBY AGREES THAT it does and will continue to comply with Title VI of the Civil Rights Act of 1964 and all requirements imposed by or pursuant to the Regulations of the Department of Health, Education, and Welfare (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act & the Regulations, no person in the United States shall, on the ground of race, color, national origin, sex, or age, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Agency receives payments which constitute wholly or in part Federal funds or Federal assistance from the Department; and **HEREBY GIVES ASSURANCE THAT** the Agency will immediately take any measures necessary to effectuate this agreement. The Agency also agrees that it does and will comply with the requirements imposed by Section 504 of the Vocational Rehabilitation Act of 1973 as amended.

THE AGENCY GIVES THIS ASSURANCE in consideration of and for the purpose of providing services to clients of the Missouri Division of Vocational Rehabilitation and obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance for which the Agency may be eligible. The Agency recognizes and agrees that such usage by the Missouri Division of Vocational Rehabilitation and such Federal financial assistance may be extended in reliance on the representation and agreements made in this assurance and that the United States and the Missouri Division of Vocational Rehabilitation shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Agency, its successors, transferees, and assignees; and the person whose signature appears below is authorized to sign this assurance on behalf of the Agency.

Authorized Official

Title

Date