

NON-DISCRIMINATION CERTIFICATE

At a meeting of the governing board of

(Partner Agency)

held on (date) _____ the board:

- (a) adopted a policy or;
- (b) affirmed its policy of non-discrimination as follows:

1. No person is excluded from service because of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status.
2. There is no segregation of persons on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status.
3. There is no discrimination on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.
4. The agency has a written plan for positive action to achieve equal employment opportunity for all persons.
5. There is no discrimination on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status in membership on the agency's governing body.
6. No findings or judgments have been entered against applicant or any of its principal officers or agents for discrimination or violation of civil rights. Applicant agrees that it shall immediately provide written notification to the United Way of Noble County, Inc. of any allegations or judgments of discrimination or violation of civil judgments of discrimination or violation of civil rights made or entered against the applicant or its principal officers or agents subsequent to submission of this application.

I certify that the practices of this organization conform to the policy of non-discrimination stated above.

UWNC Executive Director (print name): _____

UWNC Board President (signature): _____

DATE: _____

Partner Agency Executive (print name): _____

Partner Agency Executive (signature): _____

DATE: _____