

South Carolina Department of Social Services
**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT
OF HEALTH AND HUMAN SERVICES REGULATION UNDER TITLE VI,
SECTION 601 OF THE CIVIL RIGHTS ACT OF 1964, AS AMENDED**

(Hereinafter Called the Organization)

Name of Organization

HEREBY AGREES THAT it will comply with Title VI, Section 601, of the Civil Rights Act of 1964, as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title, to the end that in accordance with Title VI, Section 601 of that Act and the Regulation, no person in the United States shall, on the grounds of race, color, or national origin, otherwise be subjected to discrimination under any program or activity for which the Organization receives Federal Financial Assistance from the Department; and **HEREBY GIVES ASSURANCE THAT** it will immediately take any measures necessary to effectuate this agreement.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining vendor payments or any other payments in which Federal Financial Assistance is involved. The organization recognizes and agrees that such Federal Financial Assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Organization, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Organization.

Name of Organization

Address of Organization (Street Number, P.O. Box, City, State, Zip Code)

Signature of Authorized Official

Date