OMB Number: 2900-0160 Estimated Burden: 5 minutes



Department of Veterans Affairs

STATEMENT OF ASSURANCE OF COMPLIANCE WITH EQUAL OPPORTUNITY LAWS

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to a collection of information upless it displays a valid OMP number. We anticipate that the time expended by all

individuals who must complete this form will average 5 minutes. This includes the tinecessary facts and fill out the form.	
	(hereinafter called the "Signatory")
(Name of Organization, Institution, or Individual)	
HEREBY AGREES THAT:	
It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq. 1972, as amended (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of Act of 1975 (42 U.S.C. 6101 et seq.), and all Federal regulations adopted to carry out end that no person in the United States shall, on the ground of race, color, national or (Title IX, in education programs and activities only), or age (Age Discrimination Act the benefits of, or be subjected to discrimination under any program or activity of the assistance or other benefits under statutes administered by VA (Department of Vetera Education), or any other Federal agency. This assurance applies whether assistance it through benefits paid to a student, trainee, or other beneficiary because of enrollment Signatory.	1973 (29 U.S.C. 794), the Age Discrimination t such laws. This assurance is directed to the rigin (Title VI), handicap (Section 504), sex t) be excluded from participation in , be denied as Signatory receiving Federal financial an Affairs), the ED (Department of its given directly to the recipient or indirectly
The Signatory HEREBY GIVES ASSURANCE that it will promptly take measures t	to effect this agreement.
If any real property or structure thereon is provided or improved with the aid of Fede Signatory or ED, this assurance shall obligate the Signatory, or in the case of transfe period during which the real property or structure is used for a purpose for which the another purpose involving the provision of similar services or benefits. In all cases, the period during which the Federal financial assistance is extended to any of its programment.	or of such property any transferee, for the Federal financial assistance is extended or for his assurance shall obligate the Signatory for
THIS ASSURANCE is given in consideration of and for the purpose of obtaining Fe furnished or payments made under sections 104 and 244(1) of Title 38, U.S.C. Also, 2408, 5902(a)(2), 8131-8137, 8151-8156 (formerly 613, 620, 620A, 641-643, 1008, 3 respectively) and 38 U.S.C. chapters 30, 31, 32, 35, 36, 82, and 10 U.S.C. chapter 10 VA and ED, this assurance also includes Federal financial assistance given by ED the Federal financial assistance is understood to include benefits paid directly to the Sign contingent upon the beneficiary's enrollment in a program or using services offered by	sections 1713, 1720, 1720A, 1741-1743, 3402(a)(2), 5031-5037, 5051-5056 6. Under the terms of an agreement between rough programs administered by that agency. natory and/or benefits paid to a beneficiary
The Signatory agrees that Federal financial assistance or other benefits will be extend agreements made in this assurance; that VA or ED will withhold financial assistance, compliance with the equal opportunity laws; and that the United States shall have the assurance.	, facilities, or other benefits to assure
THIS ASSURANCE is binding on the Signatory, its successors, transferees, and assi provided. The Signatory assures that all contractors, subcontractors, subgrantees, or services or benefits to its students or trainees in connection with the Signatory's programmes students or trainees in violation of the above statutes.	others with whom it arranges to provide
The person whose signature appears below is authorized to sign this assurance.	
SIGNATURE OF AUTHORIZED OFFICIAL	DATE
NAME AND TITLE OF AUTHORIZED OFFICIAL	1
MAILING ADDRESS OF AUTHORIZED OFFICIAL	