

TO: Cooperative Extension County Staff

Area Extension Directors

FROM: Shelley King-Curry, Director of Diversity and Inclusion

Deans Office

DATE: March 22, 2018

RE: Partnerships and Collaborations with other organizations and agencies

The most successful Cooperative Extension programs often demonstrate partnerships and collaborations with other organizations and agencies. Such partnerships allow for dialogue and discussion about how to reach all populations within the area(s) of service. This includes both underserved and underrepresented populations for which the program is intended. Partnership opportunities allow Cooperative Extension to educate partners and collaborators about the requirements by federal and state laws that UWEX, Cooperative Extension must design, develop and deliver programs that are intended to reach all audiences without discrimination. Furthermore, USDA National Institute of Food and Agriculture (NIFA), Office of Civil Rights Compliance has established a standard for all state extension units. This standard is that we have "established procedures that guide staff in ensuring that education assistance is not provided to any organization or group that exclude individuals because of their race, ethnicity or gender."

- a) To assure that these partnerships and collaborations recognize the importance of non-discrimination, each county will facilitate discussions on reaching underserved and underrepresented audiences to be served with intended programs developed jointly. Following such discussions the partner or collaborator must agree sign a non-discrimination assurance statement if the partnership/collaboration is to continue.
- b) Prior to providing significant programming assistance to partners/collaborators, Cooperative Extension educators will ensure non-discrimination by having the partner/collaborator sign a non-discrimination assurance statement which will be retained in the files of the county units and renewed every three years.
 - Find at: https://blogs.ces.uwex.edu/civilrightsleadership/yourcivilrightsfiles/
- c) Signed non-discrimination statements are also required from partners or collaborators that are private or public entities with a specific mission for and providing service to specific populations. We are allowed to continue these partnerships and collaborations if this allows us to make special efforts to reach out to and expand access to groups protected by the Civil Rights Act of 1964. These populations are:
 - i. Women
 - ii. People with Limited English Proficiency (LEP)
 - iii. Veterans
 - iv. People with disabilities
 - v. Hispanics/Latinos
 - vi. African Americans
 - vii. American Indians/Native Americans
 - viii. Asians
 - ix. Native Hawaiians and Other Pacific Islanders
 - x. People of two or more races

Please note: All programming that is done in collaboration with these partners cannot limit Cooperative Extension's ability to reach all audiences without discrimination.



Address of Partner/Potential Partner Organization

Dear: (Extension contact in the organization)

Periodically, UW-Extension, Cooperative Extension takes steps to assure that our partners know and understand our policy of nondiscrimination. This letter is to remind or notify you that the University of Wisconsin-Extension does not discriminate in the treatment of individuals, in admission or access to its programs and activities, in the provision of services, or in employment.

Further, UW-Extension, an institution receiving federal financial assistance through the U.S. Department of Agriculture, cannot participate with or partner with organizations that discriminate on the basis of any of the legally prohibited categories of discrimination, based on Civil Rights laws. Categories of prohibited discrimination include race, color, gender/sex, creed, disability, religion, national origin, ancestry, age, sexual orientation, pregnancy, marital or parental status, arrest or conviction record, or membership in the national guard, state defense force or any other reserve component of the military service.

To help us ensure that our partners do not discriminate, we ask that an officer of your organization sign and return the enclosed form and attach a copy of the nondiscrimination policy of your organization.

Consistent with the Americans With Disabilities Act, persons who need materials in alternative format or other accommodations are encouraged to write or call the UW-Extension contact person for the specific program or call the main telephone number (may add e-mail address) of the XXXX County Extension Office, XXXX, as early as possible prior to the event so appropriate arrangements can be made. Requests are kept confidential. Individuals who need special access due to hearing impairment may contact the XXXX County Extension Office by calling the relay service for the hearing impaired by dialing 711.

On behalf of *XXXX* County Cooperative Extension, I want to thank you for collaborating with UW-Extension on educational programs. We appreciate your support and partnership as we provide education designed to meet the needs of the diverse residents of *XXXX* County.

Sincerely,

County Extension agent/educator who works with the partner/potential partner



(County office name and address here)

Assurance of Nondiscrimination

University of Wisconsin Extension, which receives Federal financial assistance, cannot partner with or provide assistance to an organization that excludes any person on the basis of protected categories outlined in Civil Rights laws.

To assure compliance with this requirement, we ask that an officer or other appropriate representative of your organization sign and return the following statement on behalf of the organization to the above address. An organization is defined as a body of persons the University of Wisconsin Extension is presently working with or anticipates working with on a continuing or extended basis.

I certify that	(name of organization) doe
not exclude, restrict, or deny any person men activities because of race, color, national origi orientation, pregnancy, marital or parental sta military or veterans status.	n, religion, sex, age, disability, sexual
When you return this form, please include a cyour organization.	opy of the nondiscrimination policy of
Signature	
Your title in this organization	
Date Date	