



Michigan Department of Community Health (MDHHS)  
 Crime Victim Services Commission (CVSC)  
 VOCA Victim Assistance Grant

**CIVIL RIGHTS TRAINING ACKNOWLEDGEMENT**

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| <b>GRANTEE:</b> |  |
| <b>CVA #:</b>   |  |

I acknowledge that I have viewed the Crime Victim Services Commission PowerPoint and the DOJ Civil Rights Compliance on-line trainings at URL:  
<https://ojp.gov/about/ocr/ocr-training-videos/video-ocr-training.htm>

- \_\_\_\_\_ CVSC Civil Rights Training
- \_\_\_\_\_ Overview of the Office for Civil Rights and Laws Enforced
- \_\_\_\_\_ Standard Assurances and How the Office for Civil Rights
- \_\_\_\_\_ Enforce Civil Rights Laws
- \_\_\_\_\_ Civil Rights Laws that Affect **Funding to Faith-Based Organizations.**
- \_\_\_\_\_ Civil Rights Protections for American Indians in Programs Funded by DOJ and Obligations of **Funded Indian Tribes.**

I accept responsibility for ensuring that project staff understand their responsibilities as outlined in the presentations. I understand that if I have any questions about the material presented and my responsibilities as a sub-recipient that I will contact the VOCA Program Specialist (the Agreement's Contract Manager) at (517) 241-5249 or [oreillyL@michigan.gov](mailto:oreillyL@michigan.gov)

Please print, check the trainings you viewed, **sign and upload** into the EGrAMS Portal at <https://egramsmi.com/portal>

|                       |  |
|-----------------------|--|
| <b>Signature</b>      |  |
| <b>Printed Name</b>   |  |
| <b>Title and Date</b> |  |