

*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) does not exclude, restrict, or deny any person membership or participation in its activities because of race, color, national origin, religion, sex, age, disability, sexual orientation, pregnancy, marital or parental status, arrest or conviction record, or military or veterans status.**

**When you return this form, please include a copy of the nondiscrimination policy of your organization.**

**Signature**

**Your title in this organization**

**\_\_\_\_\_\_\_\_**

**Date**