

COASTAL PROTECTION AND RESTORATION AUTHORITY

POLICY NO.: 55
EFFECTIVE DATE: June 8, 2021
SUBJECT: **NON-DISCRIMINATION IN FEDERAL FINANCIAL ASSISTANCE POLICY**
AUTHORIZATION: **EXECUTIVE DIRECTOR**

I. POLICY:

It is the policy of the Coastal Protection and Restoration Authority (CPRA) to uphold and assure full compliance with the non-discrimination requirements of Title VI of the Civil Rights Act of 1964 and related non-discrimination authorities. These Federal laws prohibit discrimination on the basis of race, color, national origin (Title VI of the Civil Rights Act of 1964), limited English proficiency (Title VI of the Civil Rights Act of 1964 and Executive Order 13166); sex (Title IX of the Education Amendments of 1972); disability (Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990); and age (the Age Discrimination Act (42 U.S.C. § 6101 *et seq.*)), in activities receiving federal financial assistance. These laws also prohibit retaliation for filing a complaint or for advocating for a right protected by these laws.

The Civil Rights Restoration Act of 1987 amended the statutes referenced above to clarify that discrimination is prohibited throughout an entire agency if any part of the agency receives federal financial assistance.

Pursuant to Title VI of the Civil Rights Act of 1964, the Restoration Act of 1987, and other nondiscrimination authorities, it is the policy of CPRA that: Discrimination on the basis of race, color, national origin, limited English proficiency, sex, disability, age, and/or retaliation against individuals who assert these rights shall be prohibited in all programs or activities administered by CPRA.

II. PURPOSE:

The purpose of this policy is to establish the procedure to fully comply with federal requirements regarding non-discrimination in all of CPRA's programs and activities.

III. APPLICABILITY:

- This policy applies to all programs or activities administered by CPRA.
- This policy applies to all CPRA staff, federal grant subrecipients and contractors.

IV. PROCEDURES:

Any person who believes they have been discriminated against based on race, color, national origin, limited English proficiency, sex, disability and/or age, may file a formal complaint by writing a letter or completing the discrimination complaint form. See Attachment A.

If a complainant writes their own letter, the following information should be included:

- The complainant's name, address and, if possible (although not required), a telephone number where the complainant may be reached during business hours;
- Information about the person(s) or class of persons injured by the alleged discriminatory act(s) (names of the injured person(s) are not required);
- The name and location (city and state) of the program or activity that committed the alleged discriminatory act(s); and
- A description of the alleged discriminatory act(s) in sufficient detail to enable CPRA to understand what occurred, when it occurred, and the basis for the alleged discrimination.
- The complaint must be signed and dated by the complainant or by someone authorized to do so on the complainant's behalf. The letter or form may be submitted by mail, fax, or email as follows:

Coastal Protection and Restoration Authority
Attn: Executive Director
P.O. Box 44027
Baton Rouge, LA 70804-4027
Email: coastal@la.gov
Fax: 225-342-9417

Nothing herein shall alter any complainant's ability to file a complaint directly with the appropriate federal assistance agency in accordance with the federal agency's Title VI regulations.

V. RESPONSIBILITY:

All CPRA staff are responsible for complying with this policy.

VI. QUESTIONS:

Questions about this policy may be addressed to Janice Lansing, Chief Financial Officer.



Lawrence B. Haase, Executive Director



Date

ATTACHMENT A: DISCRIMINATION COMPLIANT FORM

You do not have to use this form to file a complaint with the Louisiana Coastal Protection and Restoration Authority (CPRA). You may send CPRA a letter or e-mail instead of this form, but the letter or e-mail must include the information in items 1-5 of this form. If you decide to use this form, please type or print all information and use additional pages if more space is needed.

1. Name of person filing this complaint:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

E-mail Address: _____

2. Name of person discriminated against (if other than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and their written consent before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on their, the signature of the child's parent or legal guardian is required.

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

E-mail Address: _____

3. CPRA investigates discrimination complaints made against its federally assisted programs and activities. Please identify the program or activity that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Program/Activity: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Other Information: _____

4. The regulations that CPRA prohibits discrimination against are on the basis of race, color, national origin, limited English proficiency, sex, disability, age and/or retaliation. Please indicate the basis of your complaint:

- Discrimination based on race (specify): _____
- Discrimination based on color (specify): _____
- Discrimination based on national origin (specify): _____
- Discrimination based on limited English proficiency (specify): _____
- Discrimination based on sex (specify): _____
- Discrimination based on disability (specify): _____
- Discrimination based on age (specify): _____
- Discrimination based on other (specify): _____
- Retaliation (specify): _____

5. Please describe each alleged discriminatory/retaliatory act. For each action, please include the date(s) the discriminatory/retaliatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination/retaliation was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination/retaliation.

Signature: _____ Date: _____