

AGENCY: _____

AFFIRMATION OF NON-DISCRIMINATION

At a meeting of the governing board of _____
held on _____ the board adopted a policy. (_____ presented board members)
affirmed its policy of non-discrimination as follows:

“It shall be the policy of _____
to provide equal membership/employment/service opportunities to all eligible persons without regard
to race, religion, color, national origin, citizenship, age, sex, marital status, parental status, handicap,
membership in any labor organization, political affiliation. For employment only, height, weight, and
record of arrest without conviction.”

I certify that the practices of this organization conform to the policy of non-discrimination state above.

Printed Name: _____

Signed Name and Date: _____

Other Authorized Official: _____

AGENCY: _____

ANTI-TERRORISM COMPLIANCE MEASURERS ANNUAL CERTIFICATION

In compliance with the USA PATRIOT ACT and other counterterrorism laws, the United Way of Dickinson County requests that each agency certify the following:

_____ hereby certifies on behalf of _____
that all United Way of Dickinson County funds will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.”

Printed Name: _____

Title: _____

Signed Name and Date: _____

Other-Authorized Official: _____



AGENCY: _____

AFFIRMATION OF NON-DISCRIMINATION

At a meeting of the governing board of _____

held on _____ the board adopted a policy.

(____ presented board members) affirmed its policy of non-discrimination as follows:

Consistent with Department of Management and Budget Policy Number 1220.05, it is the policy of the _____ to provide equal opportunities to all eligible persons to the extent required by applicable State and Federal laws.

I certify that the practices of this organization conform to the policy of non-discrimination state above.

Printed Name: _____

Signed Name and Date: _____

Other-Authorized Official: _____