## ACKNOWLEDGEMENT OF SUBRECIPIENT LANGUAGE ACCESS PLAN REQUIREMENT

SHAP Program:	Grant Year:
Applicant,	, hereby acknowledges and assures that:
English Proficient ( Housing Trust Fund	its of Title VI, it will take timely and reasonable steps to provide Limited ersons with meaningful access to programs and activities funded by the Stanission for Homeless and awarded by DCA. Access to these programs and ed as a result of an individual's inability to speak, read, write or understandard.
<ol> <li>It will conduct an a will be accomplished Analysis, the Appli</li> </ol>	ent to determine the need for language assistance within its service area. Tonducting a Four-Factor Analysis. After completion of the Four-Factor ll understand the languages spoken by LEP persons in its service area, and needed language assistance.
a. The individual a. The individual a. The individual b. A training produced by the control of t	Access Plan (LAP) that will include: ponsible for coordination of LEP compliance ("LAP Coordinator"); LEP compliance requirements for all staff involved in programs and activity ral government and awarded by DCA; intified from the Four-Factor Analysis; inslating and disseminating vital documents; and ing the Four-Factor Analysis and the LAP. garding its efforts to comply with Title VI LEP obligations. It related to its LEP obligations by taking corrective action and understands by require other appropriate enforcement mechanisms up to and including ent of awarded funds.
Name	Telephone Email
and incorporated as part of  The undersigned certifies of	f of the Applicant that he/she has been authorized to sign this oplicant will comply with the Acknowledgement listed above:
	Attest:
Ву	By
(Authorized Signature)	By (Date) (Authorized Signature) (Date)
(Typed or printed name	(Typed or printed name)