**ATTACHMENT D**

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 SECTION 504 OF THE REHABILITATION ACT OF 1973**

As a condition necessary to the award of State and/or Federal Funds:

(hereinafter called the "Applicant") HEREBY AGREES that it will comply with Title VI of the Civil Rights Act of 1964 and with Section 504 of the Rehabilitation Act of 1973, their amendments and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services issued pursuant to these acts, to the end that no person in the United States and/or State of Maryland shall on the grounds of race, color, national origin, handicapped status, or religion be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity provided by an applicant that receives Federal and/or State financial assistance from the State of Maryland, Maryland Department of Health, and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

In addition, the Applicant agrees that there will be no discrimination in any phase of employment practices, policies or procedures based on race, religion, age, sex, political affiliation or handicap.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal and/or State financial assistance extended after the date hereon to the applicant by the State of Maryland, Maryland Department of Health including installment payments after such date on account of applicants for Federal and/or State financial assistance which were approved before such date. The Application recognizes and agrees that such Federal and/or State financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States and/or State of Maryland shall have the right to seek judicial enforcement of this assurance. The assurance is binding on the applicant, its successors, transferees, and assignees, and the person or persons whose signature appears below are authorized to sign this assurance on behalf of the Applicant.

|  |  |  |
| --- | --- | --- |
| a. |  | employs fewer than 15 persons. |
| b. |  | employs 15 or more persons and has designated the following person(s) to coordinate its efforts to comply with these HHS regulations: |

|  |
| --- |
|  |
| ***Name(s) of Designee(s)*** |
|  |
|  |
| ***Signature(s) of Designee(s)*** |
|  |
|  |  |  |
| ***Date*** |  | ***Applicant*** |
|  |
|  |
| ***Applicant’s Mailing Address*** |