



**Office of  
Victim Services**

New York State  
Office of Victim Services

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<b>GRANTEE:</b>	
<b>CONTRACT #:</b>	

I acknowledge that I have viewed the Office of Victim Services (OVS) PowerPoint on Civil Rights Compliance. I accept responsibility for ensuring that project staff understands their responsibilities as outlined in the presentation. I understand that if I have any questions about the material presented and my responsibilities as a sub-grantee that I will contact the OVS Grants Unit at 518.485.2763 or [OVSGrants@ovs.ny.gov](mailto:OVSGrants@ovs.ny.gov)

<b>Signature</b>	
<b>Printed Name</b>	
<b>Title and Date</b>	

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