

Form **13325**
(Rev. August 2007)

Department of the Treasury – Internal Revenue Service
**Statement of Assurance Concerning
Civil Rights Compliance for Internal
Revenue Service SPEC Partnerships**

Area _____
If Headquarters (P&PD), leave blank

SPEC/ECRU Partner Tracking Number #

We, _____ shall fulfill the obligations set
(Name of Organizational Authorized Official)

forth in this assurance in consideration of and for the purpose of obtaining Federal property or other Federal financial assistance from the Internal Revenue Service. The “Partner” will agree:

1. To conduct its activities and its sub-recipients’ activities so that no person is excluded from participation in, is denied the benefits of, or is subject to discrimination, as prohibited by the statutes identified in paragraph 2, in the distribution of services and/or benefits provided under this financial assistance program.
2. To compile and submit information to the Internal Revenue Service (IRS) External Civil Rights Unit concerning its compliance with Title VI of the Civil Rights Act of 1964 (Pub L. 88-352), as amended, Section 504 of the Rehabilitation Act of 1973 (Pub L. 93-112), as amended, Title IX of the Education Amendments of 1972 (Pub L. 92-318), as amended, and the Age Discrimination Act of 1975 (Pub L. 94-135), as amended, in accordance with those laws and the implementing regulations. All Civil Rights Assurances signed by sub-recipients will be compiled and maintained by its “Partner” and submitted to the IRS External Civil Rights Unit upon request.
3. Within 30 days of any finding issued by a Federal or State court or by a Federal or State administrative agency that the “Partner” has discriminated on the basis of race, color, national origin, sex, age, or disability in the delivery of its service or benefits, a copy of such finding shall be forwarded to the IRS External Civil Rights Unit at the following address:

**NHQ: EEO:D
Attn: William H. Williams
Director, External Civil Rights Unit
1111 Constitution Avenue N.W. Room 2422
Washington, DC 20224**
4. To inform the public that persons who believe they have been discriminated against on the basis of race, color, national origin, sex, age, or disability, in the distribution of services and benefits resulting from this financial assistance program may file a complaint with the Director, External Civil Rights Unit, U.S. Department of Treasury. Civil rights posters indicating the process for filing complaints of discrimination

from the public must be conspicuously displayed at all times at each "Partner's" location, as well as by its sub-recipients.

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5. To investigate all complaints of discrimination filed by the public against the "Partner" that is directly related to the service and/or benefit provided by this IRS financial assistance program. The "Partner" will be responsible for compiling and maintaining a record of these complaints at their location and also the resulting investigative report conducted by the "Partner" or any investigatory agency. The "Partner" shall notify the IRS External Civil Rights Unit, within 30 days after receipt of the complaint regarding any potential complaint investigation that is or will be conducted by the "Partner" or its "Sub-recipient".
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Partners or sub-recipients receiving Federal financial assistance in the form of personal property or real property or interest therein shall be obligated to comply with this assurance for the period during which the property is used for a purpose for which the Federal financial assistance is extended. Partners and sub-recipients receiving Federal financial assistance in a form other than personal property or real property or interest therein shall be obligated to comply with this assurance for a period of one filing season. If the authorized official has changed during the effective one year filing season, another signed and dated assurance will be required by the new authorized official and submitted to the IRS External Civil Rights Unit at the above address.

The organizational official whose signature appears below is authorized to sign this assurance and commit the "Partner" to the above provisions.

NAME AND TITLE OF AUTHORIZED ORGANIZATIONAL OFFICIAL
(Please Print)

SIGNATURE OF AUTHORIZED ORGANIZATIONAL OFFICIAL

DATE