<DATE>

<First Name Last Name>
<Company>
<Address>
<City, State Postal Code>

Dear <First Name>,

University of Florida/IFAS Extension XXXX County is committed to assuring our partners know and understand our policy of nondiscrimination while following all civil rights legislation. This letter is to inform or remind you that the UF/IFAS Extension does not discriminate in the treatment of individuals, in admission or access to its programs and activities, in the provision of services, or in employment.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, UF/IFAS Extension is prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program, activity, or participation.

In furtherance of this, we obtain assurances from all partners with whom we work that they will follow non-discriminatory practices as well. The federal requirements state that if certification is not provided, Cooperative Extension can no longer provide assistance to partners. To help ensure that our partners do not discriminate but provide a welcoming and equal opportunity for all citizens to benefit from the services provided by UF/IFAS Extension and your organization, we respectfully request compliance with this effort. Please have the President / Chair certify below, sign and return.

Sincerely,

Name
County Extension Director

This is to certify that _______________________(club/organization name) has a policy of open membership and participation, and further that it ensures non-discriminatory treatment as outlined above in offering all its programs and activities.

Signature, President or Chair  Date

For Office Use:
Received by ____________________________  Date: __________