|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DivLogoSep2011 | | **Determination of Nondiscrimination Status** Organizations and Groups | | | PCT-02  Rev. 4-15-2025 | |
|  | | | | | | |
|  | | | | | | |
| Organization /Group requesting assistance | | |  | | | |
|  | | | | | | |
| Type of assistance requested | | | | | | |
|  | | | | | | |
| Present program at meeting | | | | | | |
| Other (Describe) | | |  | | | |
|  | | | | | | |
|  | | | | | | |
| Request granted – Organization/Group determined to be nondiscriminatory | | | | | | |
| Assurance by officer/leader | | | | | | |
| Other (Describe) | | |  | | | |
|  | | | | | | |
| Request Denied | Reason | |  | | | |
|  | | | | | | |
| County Extension Agent Name (print) | | |  | | | |
|  | | |  | | | |
|  | | |  |  | | |
| Signature County Extension Agent | | | Date | |  |
|  | | | | | | |