|  |  |  |
| --- | --- | --- |
|  DivLogoSep2011 | **Determination of Nondiscrimination Status**Organizations and Groups | PCT-02Rev. 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 |       |
|       |