|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | | |  | | | | |
| Legal Name of Entity: | | |  | | | | |
| Address: |  | | | | | City, State, Zip: | |  | | |
| Contact Name: | |  | | Telephone: | | |  | | Email: |  |
| Oregon Business Registry Number (if applicable): | | | | |  | | | | | |
| COBID Certification Number (if applicable): | | | | |  | | | | | |
| Opportunity Number (if available): | | | | |  | | | | | |

**“Culturally Specific Organization”** means an entity that provides services to a cultural community and the entity has the following characteristics:

(a) Majority of members and/or clients are from a particular community of color;

(b) Organizational environment is culturally focused and the community being served recognizes it as a culturally-specific entity that provides culturally and linguistically responsive services;

(c) Majority of staff are from the community being served, and the majority of the leadership (defined to collectively include board members and management positions) are from the community being served;

(d) The entity has a track record of successful community engagement and involvement with the community being served; and

(e) The community being served recognizes the entity as advancing the best interests of the community and engaging in policy advocacy on behalf of the community being served.

**By signing this Culturally Specific Organization form, I certify that I am an authorized representative of the entity mentioned above and to my knowledge this entity is a Culturally Specific Organization under the definition provided by OHCS. In addition, I have provided the required supporting documents on page 2.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Authorized Signature |  | Date |
|  |  |  |
| Print Name and Title |  |  |

**Check this box if certification and supporting documentation has already been submitted to OHCS and accepted under a different opportunity. Certification is valid for two years based on the date of submission of this certification (this Attachment 1 must still be submitted with your Application).**

**Required Documentation**

Please provide the required supporting documents and information for each characteristic in the Culturally Specific Organization definition (page 1). Verification of ALL characteristics (a-e) under this definition is required to meet this organization type.

(a) Majority of members and/or clients are from a particular community of color.

**Provide demographic information or similar supporting documentation supporting the above (a) with the Application.**

(b) Organizational environment is culturally focused and the community being served recognizes it as a culturally-specific entity that provides culturally and linguistically responsive services.

**Provide a letter of support or similar supporting documentation** **from the community being served describing the above (b) prior to Grant execution.**

(c) Majority of staff are from the community being served, and the majority of the leadership (defined to collectively include board members and management positions) are from the community being served.

**Provide demographic information or similar supporting documentation supporting the above (c) with the Application.**

(d) The entity has a track record of successful community engagement and involvement with the community being served

**Provide an annual report or similar supporting documentation supporting the above (d) with the Application.**

(e) The community being served recognizes the entity as advancing the best interests of the community and engaging in policy advocacy on behalf of the community being served.

**Provide a letter of support or similar supporting documentation** **from the community being served describing the above (e) prior to Grant execution.**

**Comments**: