

<b>REQUEST FOR RECORDS DISPOSITION AUTHORITY</b> <i>(See Instructions on reverse)</i>		<b>LEAVE BLANK (NARA use only)</b>	
TO: NATIONAL ARCHIVES and RECORDS ADMINISTRATION (NIR) WASHINGTON, DC 20408		JOB NUMBER <i>N1-468-97-1</i>	DATE RECEIVED <i>11-22-96</i>
1. FROM (Agency or establishment) Dept. of Health and Human Services		NOTIFICATION TO AGENCY	
2. MAJOR SUBDIVISION Office for Civil Rights, Operations		In accordance with the provisions of 44 U.S.C. 3303a the disposition request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.	
3. MINOR SUBDIVISION Voluntary Compliance and Outreach Division			
4. NAME OF PERSON WITH WHOM TO CONFER	5. TELEPHONE	DATE	ARCHIVIST OF THE UNITED STATES
Richard Cooper (OS Records Official)	690-5408	<i>2-28-97</i>	<i>John W. Paul</i>

**8. AGENCY CERTIFICATION**  
I hereby certify that I am authorized to act for this agency in matters pertaining to the disposition of its records and that the records proposed for disposal on the attached 2 page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified; and that written concurrence from the General Accounting Office, under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies,

is not required;  is attached; or  has been requested.

DATE <b>NOV 12 1996</b>	SIGNATURE OF AGENCY REPRESENTATIVE <i>Richard Barnes, Sr.</i> A Prentice Barnes, Sr.	TITLE DHHS Records Management Officer
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7. ITEM NO.	8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN (NARA USE ONLY)
	SEE ATTACHMENT		


MAR - 6 1997 MBR      Copy to: Agency  
NWDD

1. **Pre-Grant Clearance Reviews**

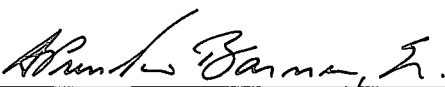
These files were compiled during review of applicants for Medicare certification for compliance with relevant civil rights statutes such as, Title VI and IX, Section 504, the Age Discrimination Act, Hill-Burton, Community Services Assurance, and Block Grants.

**Disposition:**


**Temporary:** Cut off at the close of the fiscal year in which civil rights clearance (without contingency) is granted. Remove signed originals of any HHS Assurance of Compliance, Forms 441, 639A, 641, 680, and 690 and handle in accordance with the disposition procedures prescribed in OCR Schedule 701.07 -- Assurance of Compliance Statement Form File. Destroy remaining records three years after cut off.

  
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Attorney Timothy White  
Deputy Associate General Counsel

11/5/96  
Date

  
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A. Prentice Barnes, SR.  
DHHS, Department, Records  
Management Officer

11/12/95  
Date

  
\_\_\_\_\_  
Alvetta Jones

11/8/96  
Date