**Title VI Plan Guidance:**

The following information is provided for guidance purposes only. For further guidance see Federal Transit Administration Circular 4702.1B.

If your agency chooses to utilize this document, please ensure that all sections are specifically updated to reflect your agency’s policies and procedures.

Additionally, agencies must certify that the policies and procedures listed in this plan will be implemented. Audits or inspections by the **ADOT Civil Rights Office (CRO)** will be conducted based on your agency’s compliance with the submitted Title VI Plan.

Complaints, Investigations, and Lawsuits, should not be a part of your Title VI Implementation Plan and should be submitted separate to the ADOT CRO at the time of your annual submittal of your Title VI Implementation Plan. Every section should start on a new page to auto update the Table of Contents.

***\*Please delete this Title VI Plan Guidance Page at the time of submittal. Please address all boxes highlighted in gray, and don’t add spaces after the information is typed in. Make sure to hit tab or click on the next box to proceed. Remove the gray highlight at time of submittal. Please also delete all instructional language that is underlined, italicized, and colored blue for the final plan.***

**This Checklist has been created to assist you with the submittal of your Title VI Plan.**

Before submitting the Title VI Plan, ensure the plan has the following:

[ ]  Cover Page

[ ]  Table of Contents ***(Update this by clicking on the contents box, and select the update table option. Please ensure every section begins in its own page to ensure the table reflects the correct pages.)***

[ ]  Executive Summary

[ ]  Non Discrimination Notices to the Public in English and Spanish

[ ]  Discrimination ADA/Title VI Complaint Procedures

[ ]  Discrimination ADA/Title VI Complaint Form

[ ]  Discrimination ADA/Title VI Investigations, Complaints, and Lawsuits

[ ]  Public Participation Plan

[ ]  Limited English Proficiency Plan

[ ]  Non-elected Committees Membership Table

[ ]  Monitoring for Subrecipient Title VI Compliance

[ ]  Title VI Equity Analysis

[ ]  Fixed Route Transit Provider Analysis

Board Approval should be obtained after Conditional CRO approval:

[ ]  Board Approval for the Title VI Plan

Website Guidance – The following three documents must be posted on your agency’s webpage after they have been approved.

[ ]  Non Discrimination Notice to the Public (for each language that meets the Safe Harbor Provision)

[ ]  Discrimination Complaint Form

[ ]  Discrimination Complaint Procedures (may use one web link for both the Non Discrimination Complaint Form and Non Discrimination Complaint Procedures)

# Title VI Plan Cover Page

**TYPE AGENCY/TRANSIT PROVIDER NAME HERE**

**YEAR**

**Title VI Contact: TYPE TITLE VI CONTACT PERSON AND TITLE HERE**

**Title VI Contact Phone:TITLE VI CONTACT PERSON PHONE NUMBER HERE**

**Title VI Contact Email: TYPE TITLE VI CONTACT PERSON’S EMAIL HERE**

**TTY Number (If applicable): TYPE YOUR TTY NUMBER HERE**

**Alternate Language Phone: TYPE ALTERNATE LANGUAGE PHONE NUMBER HERE**

**Address: TYPE YOUR ADDRESS HERE**

**Web Address: TYPE WEB ADDRESS HERE**

 **Para Información en Español: TYPE NAME AND CONTACT INFORMATION HERE**

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**Executive Summary**

***\*Describe your organization, what it does, and explain briefly about the services you provide with the 5310 or 5310 grant funds. Additionally, explain how long you have been a grantee, and briefly about your organizational structure.***

**What type of program fund(s) did you apply for?**

[ ]  5310

[ ]  5311

[ ]  Other (please explain)

**Type of Funding Requests? (Check all that apply)**

[ ]  Vehicle Funds

[ ]  Operating Funds

[ ]  Other (please explain)

**Is your agency a direct recipient of FTA funds?**

 [ ] Yes

 [ ] No

**Non Discrimination Notice to the Public**

**Notifying the Public of Rights Under Title VI and ADA**

**TYPE AGENCY/TRANSIT PROVIDER NAME HERE**

**TYPE AGENCY/TRANSIT PROVIDER NAME HERE** operates its programs and services without regard to race, color, national origin or disability in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA). Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the **TYPE AGENCY/TRANSIT PROVIDER NAME HERE**.

For more information on the **TYPE AGENCY/TRANSIT PROVIDER NAME HERE**’s civil rights program, and the procedures to file a complaint, contact **TYPE TITLE VI CONTACT PERSON AND TITLE HERE**, **TITLE VI CONTACT PERSON PHONE NUMBER HERE**, **(TTY** **TYPE YOUR TTY NUMBER HERE**); **email TYPE TITLE VI CONTACT PERSON’S EMAIL HERE**; or visit our administrative office at **TYPE YOUR ADDRESS HERE**. For more information, visit **TYPE WEB ADDRESS HERE.**

Complaints may be filed directly with the Arizona Department of Transportation **(ADOT) Civil Rights Office.**  ATTN: Title VI Program Coordinator 206 S. 17TH Ave MD 155A RM: 183 Phoenix AZ, 85007 or with the Federal Transit Administration **(FTA).**  ATTN: Title VI Program Coordinator, 1200 New Jersey Ave., SE Washington DC 20590

If information is needed in another language, contact **TYPE ALTERNATE LANGUAGE PHONE NUMBER HERE**. \*Para información en Español llame: **TYPE NAME AND CONTACT INFORMATION HERE**

***\* The sentence above should be provided in any language(s) spoken by LEP individuals within your service area that meet the safe harbor threshold.***

**Non Discrimination Notice to the Public - Spanish**

**Aviso Público Sobre los Derechos Bajo el Título VI Y ADA**

**TYPE AGENCY/TRANSIT PROVIDER NAME HERE**

**TYPE AGENCY/TRANSIT PROVIDER NAME HERE** *(y sus subcontratistas, si cualquiera)* asegura cumplir con el Título VI de la Ley de los Derechos Civiles de 1964, Sección 504 de la Ley de Rehabilitación de 1973 y La Ley de ciudadanos Americanos con Discapacidades de 1990 (ADA). El nivel y la calidad de servicios de transporte serán proveídos sin consideración a su raza, color, país de origen, o discapacidad.

Para obtener más información sobre el programa de Derechos Civiles de **TYPE AGENCY/TRANSIT PROVIDER NAME HERE**, y los procedimientos para presentar una queja, contacte **TYPE TITLE VI CONTACT PERSON AND TITLE HERE** **TITLE VI CONTACT PERSON PHONE NUMBER HERE**, (**TTY** **TYPE YOUR TTY NUMBER HERE**); o visite nuestra oficina administrativa en **TYPE YOUR ADDRESS HERE**. Para obtener más información, visite **TYPE WEB ADDRESS HERE**

Una queja puede ser presentada con la oficina de Derechos Civiles del Departamento de Transporte de Arizona **(ADOT)**. Atención: Title VI Program Manager, 206 S. 17th Ave MD 155A Phoenix AZ, 85007 o con la Administración Federal de Transporte **(FTA)**. Atención: Title VI Coordinator, 1200 New Jersey Ave., SE Washington DC 20590

The above notice is posted in the following locations: **TYPE HERE WHERE THE NOTICE IS POSTED. At a minimum it must be posted online and in the public areas of the agency's/transit provider's office(s). This notice should also be posted at stations, stops, and on transit vehicles**

This notice is posted online at **TYPE WEB ADDRESS HERE**

**Non Discrimination ADA/Title VI Complaint Procedures**

These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA) as they relate to any program or activity that is administered by **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** including consultants, contractors and vendors. Intimidation or retaliation as a result of a complaint is prohibited by law. In addition to these procedures, complainants reserve the right to file a formal complaint with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to resolve complaints at the lowest possible level.

1. Any person who believes he and/or she has been discriminated against on the basis of race, color, national origin, or disability may file a Discrimination complaint by completing and submitting the agency’s Title VI Complaint Form.
2. Formal complaints must be filed within **180** calendar days of the last date of the alleged act of discrimination or the date when the alleged discrimination became known to the complainant(s), or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct.
3. Complaints must be in writing and signed by the complainant(s) and must include the complainant(s) name, address and phone number. The ADA/Title VI contact person will assist the complainant with documenting the issues if necessary.
4. Allegations received by fax or e-mail will be acknowledged and processed, once the identity of the complainant(s) and the intent to proceed with the complaint have been established. For this, the complainant is required to mail a signed, original copy of the fax or email transmittal for the complaint to be processed.
5. Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign and return for processing.
6. Once submitted **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** will review the complaint form to determine jurisdiction. All complaints will receive an acknowledgement letter informing her/him whether the complaint will be investigated by the **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** or submitted to the State or Federal authority for guidance.
7. **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** will notify the ADOT Civil Rights Office of ALL Discrimination complaints within 72 hours via telephone at 602-712-8946; or email at civilrightsoffice@azdot.gov.
8. **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** has XX business days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has XX business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within XX business days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.
9. After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Discrimination violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur.
10. A copy of either the closure letter or LOF must be also be submitted to ADOT within **72** hours of that decision. Letters may be submitted by hardcopy or email.
11. A complainant dissatisfied with **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** decision may file a complaint with the Arizona Department of Transportation **(ADOT)** or the Federal Transit Administration **(FTA)** offices of Civil Rights: **ADOT**: ATTN ADA/Title VI Program Coordinator 206 S. 17TH Ave MD 155A RM: 183 Phoenix AZ, 85007 **FTA**: Attention Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590
12. A copy of these procedures can be found online at: **TYPE WEB ADDRESS HERE.**

If information is needed in another language, contact **TYPE ALTERNATE LANGUAGE PHONE NUMBER HERE**. \*Para información en Español llame: **TYPE NAME AND CONTACT INFORMATION HERE**

***\*The sentence above should be provided in any language(s) spoken by LEP individuals within your service area that meet the safe harbor threshold.***

# Discrimination ADA/Title VI Complaint Form

|  |
| --- |
| **Section I:**  |
| Name:  |
| Address:  |
| Telephone (Home): | Telephone (Work): |
| Electronic Mail Address: |
| Accessible Format Requirements? | [ ]  Large Print | [ ]  Audio Tape |
| [ ]  TDD | [ ]  Other |
| **Section II:**  |
| Are you filing this complaint on your own behalf? | [ ]  Yes\* | [ ]  No |
| *\*If you answered “yes” to this question, go to* ***Section III****.* |
| If not, please supply the name and relationship of the person for whom you are complaining.  |  |
| Please explain why you have filed for a third party:  |
| Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.  | [ ]  Yes | [ ]  No |
| **Section III:** |
| I believe the discrimination I experienced was based on (check all that apply):[ ]  Race [ ]  Color [ ]  National Origin [ ]  Disability Date of Alleged Discrimination (Month, Day, Year): Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.  |
| **Section VI:** |
| Have you previously filed a Discrimination Complaint with this agency? | [ ]  Yes | [ ]  No |
| If yes, please provide any reference information regarding your previous complaint.  |
| **Section V:** |
| Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?[ ]  Yes [ ]  NoIf yes, check all that apply:[ ]  Federal Agency: [ ]  Federal Court: [ ]  State Agency: [ ]  State Court : [ ]  Local Agency:  |
| Please provide information about a contact person at the agency/court where the complaint was filed. |
| Name: |
| Title: |
| Agency: |
| Address: |
| Telephone: |
| **Section VI:** |
| Name of agency complaint is against: |
| Name of person complaint is against: |
| Title: |
| Location: |
| Telephone Number (if available): |

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are **required** below:

Signature Date

**Please submit this form in person at the address below, or mail this form to:**

**TYPE AGENCY/TRANSIT PROVIDER NAME HERE**

**TYPE TITLE VI CONTACT PERSON AND TITLE HERE**

**TYPE YOUR ADDRESS HERE**

**TITLE VI CONTACT PERSON PHONE NUMBER HERE**

**TYPE TITLE VI CONTACT PERSON’S EMAIL HERE**

A copy of this form can be found online at **TYPE WEB ADDRESS HERE**

**Discrimination ADA/Title VI Investigations, Complaints, and Lawsuits**

If no investigations, lawsuits, or complaints were filed select the option below.

[ ]  **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** has not had any ADA nor Title VI Discrimination complaints, investigations, or lawsuits in **TYPE YEAR HERE**.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Complainant** | **Date (Month, Day, Year)** | **Basis of Complaint (Race, Color, National Origin or Disability)** | **Summary of Allegation** | **Status** | **Action(s) Taken** | **Final Findings?** |
| **Investigations** |  |  |  |  |  |  |
| 1) |  |  |  |  |  |  |
| 2) |  |  |  |  |  |  |
| **Lawsuits** |  |  |  |  |  |  |
| 1) |  |  |  |  |  |  |
| 2) |  |  |  |  |  |  |
| **Complaints** |  |  |  |  |  |  |
| 1) |  |  |  |  |  |  |
| 2) |  |  |  |  |  |  |

**Public Participation Plan**

***\*A Public Participation Plan or process is a document which explicitly describes proactive strategies, procedures, and desired outcomes that underpin the recipient’s participation activities. Your agency has wide latitude to determine how and when public participation activities should take place. Your agency should make your analysis based on a demographic analysis of the populations affected. If you have any questions or concerns please contact the ADOT Civil Rights Office at (602) 712-8946 and ask to speak with the FTA Title VI Program Specialist.***

**TYPE AGENCY/TRANSIT PROVIDER NAME HERE** is engaging the public in its planning and decision-making processes, as well as its marketing and outreach activities. The public will be invited to participate in the process whether through public meetings or surveys.

As an agency receiving federal financial assistance, **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** made the following community outreach efforts and activities to engage minority and Limited English Proficient populations since the last Title VI Plan submittal to ADOT CRO.

***\*Please note the following activities are not a “to do” list for subrecipients, these are examples of best practices for outreach activities to engage minority and LEP populations.***

***\*CHECK ALL THAT APPLY AND REMOVE THOSE THAT ARE NOT APPLICABLE:***

[ ]  Expanded the distribution of agency brochures

[ ]  Advertised public announcements through newspapers, fliers, or radio

[ ]  Posted the Nondiscrimination Public Notices to the following locations:

[ ]  Within transportation vehicles

[ ]  Pick up and drop off stations

[ ]  Lobby of agency

[ ]  Partnered with other local agencies to advertise services provided

[ ]  Hosted public information meetings and or hearings (Please insert the dates these meetings occurred below)

[ ]  Added public interactive content to the agency’s webpage for the public e.g. social media, to communicate schedule changes or activities (Please provide a web link here)

[ ]  Hosted an information booth at a community event (Please insert the date of the event below)

[ ]  Updated agency documents/publications to make them more user-friendly e.g. comment forms or agency brochures

[ ]  List other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPE AGENCY/TRANSIT PROVIDER NAME HERE** will make the following community outreach efforts for the **upcoming year**:

***\*CHECK ALL THAT APPLY AND REMOVE THOSE THAT ARE NOT APPLICABLE:***

[ ]  Expand the distribution of agency brochures

[ ]  Advertise public announcements through newspapers, fliers, or radio

[ ]  Post the Nondiscrimination Public Notices to the following locations:

[ ]  Within transportation vehicles

[ ]  Pick up and drop off stations

[ ]  Lobby of agency

[ ]  Partner with other local agencies to advertise services provided.

[ ]  Host public information meetings and or hearings.

[ ]  Add public interactive content to the agency’s webpage for the public e.g. social media, to communicate schedule changes or activities.

[ ]  Host an information booth at a community event

[ ]  Update agency documents/publications to make them more user-friendly e.g. comment forms or agency brochures.

[ ]  List other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*PLEASE ATTACH SAMPLE DOCUMENTS OF PUBLIC PARTICIPATION METHODS HERE.***

**Limited English Proficiency Plan**

***\*A Limited English Proficiency Plan (LEP) or Language Access Plan is a document which explicitly describes the proactive strategies, procedures, and desired outcomes to ensure meaningful access to benefits, services, information, and other important portions of programs and activities for individuals who are limited-English proficient (LEP). If you have any questions or concerns, please contact the ADOT Civil Rights Office at (602) 712-8946 and ask to speak with the FTA Title VI Program Specialist.***

**TYPE AGENCY/TRANSIT PROVIDER NAME HERE** has developed the following Limited English Proficiency Plan (LEP) to help identify reasonable steps to provide language assistance for LEP persons seeking meaningful access to **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** services as required by Executive Order 13166. A Limited English Proficiency person is one who does not speak English as their primary language and who has a limited ability to read, speak, write, or understand English.

This plan details procedures on how to identify a person who may need language assistance, the ways in which assistance may be provided, training to staff, notification to LEP persons that assistance is available, and information for future plan updates. In developing the plan while determining the **TYPE AGENCY/TRANSIT PROVIDER NAME HERE**’s extent of obligation to provide LEP services, the **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** undertook a U.S. Department of Transportation four-factor LEP analysis which considers the following:

1. The number or proportion of LEP persons eligible in the **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** service area who may be served or likely to encounter by **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** program, activities, or services;

***\* Demographic data can be found at*** [***https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml***](https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml)

***Click Advanced Search and type: B16001 Language Spoken at Home in the topic section***

***\*INSERT A LIMITED ENGLISH PROFICIENCY LANGUAGE SERVICE AREA DEMOGRAPHIC CHART HERE***

1. The frequency with which LEP individuals come in contact with an **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** services;

**TYPE AGENCY/TRANSIT PROVIDER NAME HERE**’s staff reviewed the frequency with which office staff, dispatchers and drivers have, or could have, contact with LEP persons for **TYPE YEAR HERE** . **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** averages **NUMBER OF LEP CONTACTS**contacts per **DAY/WEEK/MONTH/YEAR.**

1. The nature and importance of the program, activities or services provided by the **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** to the LEP population; and
2. The resources available to **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** and overall costs to provide LEP assistance. A brief description of these considerations is provided in the following section.

**TYPE AGENCY/TRANSIT PROVIDER NAME HERE** provides a statement in Spanish and will for additional languages specific to the LEP community make up that will be included in all public outreach notices. Every effort will be made to provide vital information to LEP individuals in the language requested.

**Safe Harbor Provision for written translations**

**TYPE AGENCY/TRANSIT PROVIDER NAME HERE** complies with the Safe Harbor Provision, as evidenced by the number of documents available in the Spanish language. With respect to Title VI information, the following shall be made available in Spanish:

1. Non Discrimination Notice
2. Discrimination Complaint Procedures
3. Discrimination Complaint Form

In addition, we will conduct our marketing (including using translated materials) in a manner that reaches each LEP group. Vital documents include the following:

1. Notices of free language assistance for persons with LEP
2. Notice of Non‐Discrimination and Reasonable Accommodation
3. Outreach Materials
4. Bus Schedules
5. Route Changes
6. Public Hearings

***\* Please use the “List other” option to indicate activities your agency conducts if they are not included as options.***

1) **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** provides language assistance services through the below methods:

***\*CHECK ALL THAT APPLY AND REMOVE THOSE THAT ARE NOT APPLICABLE:***

[ ]  Staff is provided a list of what written and oral language assistance products and methods the agency has implemented and how agency staff can obtain those services.

[ ]  Instructions are provided to customer service staff and other **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** staff who regularly take phone calls from the general public on how to respond to an LEP caller.

[ ]  Instructions are provided to customer service staff and others who regularly respond to written communication from the public on how to respond to written communication from an LEP person.

[ ]  Instructions are provided to vehicle operators, station managers, and others who regularly interact with the public on how to respond to an LEP customer.

[ ]  Use of “I Speak” cards.

[ ]  Bilingual or multilingual versions of:

[ ]  “How to ride” brochures

[ ]  System maps and timetables

[ ]  Safety and security announcements

[ ]  Service change announcements

[ ]  List other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** has a process to ensure the competency of interpreters and translation service through the following methods:

**TYPE AGENCY/TRANSIT PROVIDER NAME HERE** will ask the interpreter or translator to demonstrate that he or she can communicate or translate information accurately in both English and the other language. **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** will train the interpreter or translator in specialized terms and concepts associated with the agency’s policies and activities. **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** will instruct the interpreter or translator that he or she should not deviate into a role as counselor, legal advisor, or any other role aside from interpreting or translator. **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** will ask the interpreter or translator to attest that he or she does not have a conflict of interest on the issues that they would be providing interpretation services.

3) **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** provides notice to LEP persons about the availability of language assistance through the following methods:

***\*CHECK ALL THAT APPLY AND REMOVE THOSE THAT ARE NOT APPLICABLE:***

[ ]  Posting signs in intake areas and other points of entry

[ ]  Statements in outreach documents that language services are available from the agency.

[ ]  Working with community-based organizations and other stakeholders to inform LEP individuals of the Recipients’ services, including the availability of language assistance services

[ ]  Announcements at community meetings

[ ]  Information tables at local events

[ ]  Signs and handouts available in vehicles and at stations

[ ]  Announcements in vehicles and at stations

[ ]  Agency websites

[ ]  Customer service lines

[ ]  List other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** monitors, evaluates and updates the LEP plan through the following process:

**TYPE AGENCY/TRANSIT PROVIDER NAME HERE** will monitor the LEP plan by conducting an annual Four-Factor analysis, establishing a process to obtain feedback from internal staff and members of the public and conducting internal evaluations to determine whether the language assistance measures are working for staff. **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** will make changes to the language assistance plan based on feedback received. **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** may take into account the cost of proposed changes and the resources available to them. Depending on the evaluation, **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** may choose to disseminate more widely those language assistance measures that are particularly effective or modify or eliminate those measures that have not been effective. **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** will consider new language assistance needs when expanding transit service into areas with high concentrations of LEP persons will consider modifying their implementation plan to provide language assistance measures to areas not previously served by the agency.

5) **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** trains employees to know their obligations to provide meaningful access to information and services for LEP persons and all employees in public contact positions will be properly trained to work effectively with in-person and telephone interpreters. **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** will implement processes for training of staff through the following procedures:

**TYPE AGENCY/TRANSIT PROVIDER NAME HERE** will identify staff that are likely to come into contact with LEP persons as well as management staff that have frequent contact with LEP persons in order to target training to the appropriate staff. **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** will identify existing staff training opportunities, as it may be cost-effective to integrate training on their responsibilities to persons with limited English proficiency into agency training that occurs on an ongoing basis. **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** will include this training as part of the orientation for new employees. Existing employees, especially managers and those who work with the public may periodically take part in re-training or new training sessions to keep up to date on their responsibilities to LEP persons. **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** will implement LEP training to be provided for agency staff**. TYPE AGENCY/TRANSIT PROVIDER NAME HERE** staff training for LEP to include:

* A summary of the **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** responsibilities under the DOT LEP Guidance;
* A summary of the **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** language assistance plan;
* A summary of the number and proportion of LEP persons in the **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** service area, the frequency of contact between the LEP population and the agency’s programs and activities, and the importance of the programs and activities to the population;
* A description of the type of language assistance that the agency is currently providing and instructions on how agency staff can access these products and services; and
* A description of the **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** cultural sensitivity policies and practices.

***\*PROVIDE SAMPLE DOCUMENTS YOUR AGENCY PROVIDES FOR LEP INDIVIDUALS***

**Non-elected Committees Membership Table**

Subrecipients who select the membership of transit-related, non-elected planning boards, advisory councils, or committees must provide a table depicting the membership of those organizations broken down by race. Subrecipients also must include a description of the efforts made to encourage participation of minorities on these boards, councils, and committees.

***\*Use the option that applies to your organization and delete the other***

***\*Option A:***

[ ]  **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** does **not** select the membership of any transit-related committees, planning boards, or advisory councils.

***\*Option B:***

**\*Table Depicting Membership of Committees, Councils, Broken Down by Race**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Body** | **African American/Black** | **American Indian/Alaskan Native** | **Native Hawaiian/Other Pacific Islander** | **Asian** | **Hispanic/Latino** | **White** |
| **Population** | **TYPE % HERE**% | **TYPE % HERE**% | **TYPE % HERE**% | **TYPE % HERE**% | **TYPE % HERE**% | **TYPE % HERE**% |
| **TYPE THE NAME OF THE COMMITTEE HERE** | **TYPE % HERE**% | **TYPE % HERE**% | **TYPE % HERE**% | **TYPE % HERE**% | **TYPE % HERE**% | **TYPE % HERE**% |
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**Monitoring for Subrecipient Title VI Compliance**

Describe how you monitor your subrecipients. This can be through site visits, submissions of Title VI Plans annually, or training and surveys.

***\*Use the option that applies to your organization and delete the other***

***\*Option A:***

[ ]  **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** does **not** monitor subrecipients for Title VI compliance.

***\*Option B:***

\*Primary recipients must monitor subrecipients.

* Non-compliant subrecipient means primary recipient is also non-compliant.

\*Primary recipients shall:

* Document process for ensuring all subrecipients are complying with general reporting requirements of FTA Circular 4702.1B and other requirements that apply to the subrecipient.
* Collect, store and review subrecipients’ Title VI Programs.
* At FTA’s request, the primary recipient shall request that subrecipients who provide transportation services verify that their level and quality of service is equitably provided.

**Title VI Equity Analysis**

A subrecipient planning to acquire land to construct certain types of facilities must not discriminate on the basis of race, color, or national origin, against persons who may, as a result of the construction, be displaced from their homes or businesses. “Facilities” in this context does not include transit stations or bus shelters, but instead refers to storage facilities, maintenance facilities, and operation centers.

There are many steps involved in the planning process prior to the actual construction of a facility. It is during these planning phases that attention needs to be paid to equity and non-discrimination through equity analysis. The Title VI Equity Analysis must be done before the selection of the preferred site.

Note: Even if facility construction is financed with non-FTA funds, if the subrecipient organization receives any FTA dollars, it must comply with this requirement.

***\*Use the option that applies to your organization and delete the other***

***\*Option A:***

[ ]  **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** has no current or anticipated plans to develop new transit facilities covered by these requirements

***\*Option B:***

1. **Introduction**

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Per 49 CFR 21.9(b)(3), recipients may not select the site or location of facilities with the purpose or effect of excluding persons from, denying the benefits of, or subjecting them to discrimination on the basis of race, color, or national origin. Additionally, the location of projects requiring land acquisition and the displacement of persons from their residences and business may not be determined on the basis of race, color, or national origin.

This document is an analysis of **TYPE AGENCY/TRANSIT PROVIDER NAME HERE**’s planned **TYPE PROPOSED MONTH/YEAR OF AGENCY COMPLETION** **TYPE AGENCY HERE (Facility Construction Only)**

1. **Background**

Describe the Agency (why it was proposed, the projected benefits of the project, etc.)

1. **Analysis**

For facilities covered by this provision, recipients are **required** to:

1. Complete a Title VI equity analysis during the planning state with regard to where an agency is located to ensure the location is selected without regard to race, color, or national origin, and engage in outreach to persons potentially impacted by siting of facilities. The Title VI equity analysis must compare the equity impacts of various siting alternatives, and the analysis must occur before the selection of the preferred site.
2. Give attention to other facilities with similar impacts in the area to determine if any cumulative adverse impacts might result. Analysis should be done at the Census tract or block group level where appropriate to ensure proper analysis of localized impacts.
3. Provide substantial legitimate justification for locating an agency in a location that will result in a disparate impact on the basis of race, color, or national origin, and show that there are no alternative locations that would have a less disparate impact on the basis of race, color, or national origin. ***In order to show that both tests have been met, the recipient must consider and analyze alternatives to determine whether those alternatives would have less of a disparate impact on the basis of race, color, or national origin, and then implement the least discriminatory alternative.***

**Fixed Route Transit Provider Analysis**

Fixed Route: Public transit service (other than by aircraft) provided on a repetitive, fixed-schedule basis along a specific route, with vehicles stopping to pick up passengers.

A subrecipient providing fixed route service, as defined above, must determine the distribution of transit amenities or the vehicle assignments for each mode in a non-discriminatory manner. The subrecipient must develop policies to ensure service is not distributed on the basis of race, color, or national origin.

Effective practices to fulfill the Service Standards requirements include developing written policies covering each of the following service indicators: [INSTRUCTIONS] (can be expressed in writing or in table format – see Circular Appendix G & H pp. 87-91)

***\*Use the option that applies to your organization and delete the other***

***\*Option A:***

[ ]   **TYPE AGENCY/TRANSIT PROVIDER NAME HERE** is **not** a Fixed Route Transit Provider

***\*Option B:***

1. Vehicle Load for Each Mode

***\*A ratio of passengers to the total number of seats (peak and off-peak times). If you operate multiple modes of transit, then you must describe the specific vehicle load standards for peak and off-peak times for each mode of fixed route transit service.***

1. Vehicle Headway for Each Mode

***\*This is the amount of time between two vehicles traveling in the same direction on a given or a combination of lines (shorter = more frequent). Please do this for peak and off-peak times.***

1. On Time Performance for Each Mode

***\*This is a measure of runs completed as scheduled. Please be sure to define what "on time" means (i.e. 0-5 minutes late is still on time).***

1. Service Availability for Each Mode

***\*Effective qualitative practices to fulfill the Service Policy requirements include developing written policies covering each of the following service indicators:***

1. Transit amenities for each mode

***\*These are items of comfort, convenience and safety available to the general riding public (i.e. seating, shelters, canopies, signs, maps, schedules, escalators, elevators, and waste receptacles). (Please describe how these amenities are distributed to ensure all riders have equal access.)***

1. Vehicle assignments for each mode

***\*The process for placing transit vehicles into service depots and on routes throughout the transit provider’s system.***

# Board Approval for the Title VI Plan

***\*(INSERT A COPY OF THE BOARD MEETING MINUTES AFTER CONDITIONAL CRO APPROVAL. BOARD MINUTES MUST BE FOR THE YEAR OF THE GRANT APPLICATION CYCLE)***