**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGENCY NAME**

**Title VI Program**

Date filed with MoDOT Transit Section:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE**

**This TEMPLATE is provided by the Missouri Department of Transportation (MoDOT) Transit Section, as a resource for producing the triennial Title VI Program document for Federal Transit Administration recipients and subrecipients. FTA Circular 4702.1B, dated October 1, 2012, “*Title VI Requirement and Guidelines for Federal Transit Administration Recipients*” was the primary source of material for this template. Use of this template does not override each agency’s responsibility to interpret the requirements as expressed in FTA Circular 4702.1B, or as amended in the future.**

**This template is available online, through a link at:** <http://www.modot.org/othertransportation/transit/transitapplicationsreportsprograms.htm>

***Check this link periodically for most recent, dated template updates.***

12/10/13

**Title VI Plan**

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**Attachments**

Attachment 1 – Agency Information (Sample)

Attachment 2 – Title VI Complaint Form

Attachment 3 – Title VI Self Survey Form

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**A. Title VI Assurances**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agrees to comply with all provisions prohibiting discrimination on the basis of race, color, or national origin of Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 200d *et seq*., and with U.S. DOT regulations, “Nondiscrimination in Federally-Assisted Programs of the Department of Transportation – Effectuation of Title VI of the Civil Rights Act,” 49 CFR part 21.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ assures that no person shall, as provided by Federal and State civil rights laws, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ further ensures every effort will be made to ensure non-discrimination in all programs and activities, whether those programs and activities are federally funded or not.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ meets the objectives of the FTA Master Agreement which governs all entities applying for FTA funding, including \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and its third-party contractors by promoting actions that:

1. Ensure that the level and quality of transportation service is provided without regard to race, color, or national origin.
2. Identify and address, as appropriate, disproportionally high and adverse effects of programs and activities on minority populations and low-income populations.
3. Promote the full and fair participation of all affected Title VI populations in transportation decision making.
4. Prevent the denial, reduction, or delay in benefits related to programs and activities that benefit minority populations or low-income populations.
5. Ensure meaningful access to programs and activities by persons with Limited English Proficiency (LEP).

**B. Agency Information**

See sample **B.** **Agency Information**

***ATTACHMENT 1***

1. **Mission of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **History (including year started)**
3. **Regional Profile (regional population; growth projection)**
4. **Population served (in relation to regional population)**
5. **Service area (include map, with any routes utilized)**
6. **Governing body make-up (include terms of office)**

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**C. Notice to the Public**

**Notifying the Public of Rights under Title VI**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ posts Title VI notices on our agency’s website, in public areas of our agency, in our board room, and on our buses and/or paratransit vehicles.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ operates its programs and services without regard to race, color, or national origin, in accordance with Title VI of the Civil Rights Act of 1964.

If you believe you have been discriminated against on the basis of race, color, or national origin by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, you may file a Title VI complaint by completing, signing, and submitting the agency’s Title VI Complaint Form.

**How to file a Title VI complaint with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:**

1. [options … how to obtain Complaint Form]
2. In addition to the complaint process at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, complaints may be filed directly with the Federal Transit Administration, Office of Civil Rights, Region \_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. Complaints must be filed within 180 days following the date of the alleged discriminatory occurrence and should contain as much detailed information about the alleged discrimination as possible.
4. The form must be signed and dated, and include your contact information.

If information is needed in another language, contact [phone number].

**D. Procedure for Filing a Title VI Complaint**

See sample **Title VI** **Complaint Form**

***ATTACHMENT 2***

**Filing a Title VI Complaint**

The complaint procedures apply to the beneficiaries of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s programs, activities, and services.

RIGHT TO FILE A COMPLAINT: Any person who believes they have been discriminated against on the basis of race, color, or national origin by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may file a Title VI com-plaint by completing and submitting the agency’s **Title VI Complaint Form**. Title VI complaints must be received in writing within 180 days of the alleged discriminatory complaint.

HOW TO FILE A COMPLAINT: Information on how to file a Title VI complaint is posted on our agency’s website, and in public areas of our agency.

You may download the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title VI Complaint Form at [web address], or request a copy by writing to [agency’s full address.] Information on how to file a Title VI complaint may also be obtained by calling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at [phone number].

You may file a signed, dated complaint no more that 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number.

- Specific, detailed information (how, why and when) about the alleged act of discrimination.

- Any other relevant information, including the names of any persons, if known, the agency should contact for clarity of the allegations.

Please submit your complaint form to [agency contact and full address].

COMPLAINT ACCEPTANCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will process complaints that are complete.

Once a completed Title VI Complaint Form is received, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will review it to determine if \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has jurisdiction. The complainant will receive an acknowledgement letter informing them whether or not the complaint will be investigated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

INVESTIGATIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will generally complete an investigation within 90 days from receipt of a completed complaint form. If more information is needed to resolve the case, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may contact the complainant. Unless a longer period is specified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the complainant will have ten (10) days from the date of the letter to send requested information to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ investigator assigned to the case.

If the requested information is not received within that timeframe the case will be closed. Also, a case can be administratively closed if the complainant no longer wishes to pursue the case.

LETTERS OF CLOSURE OR FINDING: After the Title VI investigator reviews the complaint, the Title VI investigator will issue one of two letters to the complainant: a closure letter or letter of finding (LOF).

- A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed.

- A Letter of Finding (LOF) summarizes the allegations and provides an explanation of the corrective action taken.

If the complainant disagrees with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s determination, the complainant may request reconsideration by submitting the request in writing to the Title VI investigator within seven (7) days after the date of the letter of closure or letter of finding, stating with specificity the basis for the reconsideration. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will notify the complainant of the decision either to accept or reject the request for reconsideration within ten (10) days. In cases where reconsideration is granted, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will issue a determination letter to the complainant upon completion of the reconsideration review.

A person may also file a complaint directly with the Federal Transit Administration, at the FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at [agency’s full address], or at [phone number].

**E. Monitoring Title VI Complaints, Investigations, Lawsuits**

See sample **Title VI** **Self-Survey Form**

***ATTACHMENT 3***

***and* Documenting Evidence of Agency Staff Title VI Training**

**Documenting Title VI Complaints/Investigations**

All Title VI complaints will be entered and tracked in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s complaint log. Active investigations will be monitored for timely response on the part of all parties. The agency’s Title VI Coordinator shall maintain the log.

**Agency Title VI Complaint Log**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date complaint filed | Complainant | Basis of complaint R-C-NO | Summary of allegation | Pending status of complaint | Actions taken | Closure Letter (CL) | Letter of Finding (LOF) | Date of CL or LOF |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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**Documenting Evidence of Agency Staff Title VI Training**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s staff are given Title VI training, and agency can answer affirmatively to all the following questions:

1. Are new employees made aware of Title VI responsibilities pertaining to their specific duties?
2. Do new employees receive this information via employee orientation?
3. Is Title VI information provided to all employees and program applicants?
4. Is Title VI information prominently displayed in the agency and on any program materials distributed, as necessary?

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**F. Public Engagement Plan**

**Goal**

The goal of the Public Engagement Plan is to have significant and ongoing public involvement, by all identified audiences, in the public participation process for major agency outreach efforts.

**Objectives**

* To understand the service area demographics and determine what non-English languages and other cultural barriers exist to public participation.
* To provide general notification of meetings and forums for public input, in a manner that is understandable to all populations in the area.
* To hold public meetings in locations that are accessible to all area stakeholders, including but not limited to minority and low income members of the community.
* To provide methods for two-way communication and information and input from populations which are less likely to attend meetings.
* To convey the information in various formats to reach all key stakeholder groups.

**Identification of Stakeholders**

Stakeholders are those who are either directly or indirectly affected by an outreach effort, system or service plan or recommendations of that plan. Stakeholders include but are not limited to the following:

* Board of Directors – the governing board of the agency. The role of the Board is to establish policy and legislative direction for the agency. The Board defines the agency’s mission, establishes goals, and approves then budget to accomplish the goals.
* Advisory Bodies – non-elected advisory bodies review current and proposed activities of the agency, and are encouraged to be active in the agency’s public engagement process. Advisory bodies provide insight and feedback to the agency.
* Agency Transit riders and clients
* Minority and low income populations, including limited English proficient persons
* Local jurisdictions and other government stakeholders
* Private businesses and organizations
* Employers
* Partner agencies

**Elements of the Public Engagement Plan**

It is necessary to establish a public participation plan that includes an outreach plan to engage minority and limited English proficient (LEP) populations.

Elements of the Public Engagement Plan include:

1. **Public Notice**
   1. Official notification of intent to provide opportunity for members of the general public to participate in public engagement plan development, including participation in open Board/council meetings, and advisory committees.
2. **Public Engagement Process/Outreach Efforts:**
   1. Public meetings
   2. Open houses
   3. Rider forums
   4. Rider outreach
   5. Public hearings
   6. Focus groups
   7. Surveys
   8. Services for the Disabled (Notices of opportunities for public involvement include contact information for people needing these or other special accommodations.)

Events such as public meetings and/or open houses are held at schools, churches, libraries and other non-profit locations easily accessible to public transit and compliant with the Americans with Disabilities Act.

1. **Public Comment**
   1. Formal public comment periods are used to solicit comments on major public involvement efforts around an agency service or system change.
   2. Comments are accepted through various means:
      1. Dedicated email address.
      2. Website.
      3. Regular mail.
      4. Forms using survey tool for compilation.
      5. Videotaping.
      6. Phone calls to Customer Service Center [phone]
2. **Response to Public Input**

All public comments are provided to the Board of Directors prior to decision making. A publicly available summary report is compiled, including all individual comments.

**Title VI Outreach Best Practices**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ensures all outreach strategies, communications and public involvement efforts comply with Title VI. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s Public Engagement Plan proactively initiates the public involvement process and makes concerted efforts to involve members of all social, economic, and ethnic groups in the public involvement process. Aligned with the above referenced communication tactics, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ provides the following:

1. Public notices published in non-English publications (if available).
2. Title VI non-discrimination notice on agency’s website.
3. Agency communication materials in languages other than English (subject to Safe Harbor parameters).
4. Services for Limited English Proficient persons. Upon advance notice, translators may be provided.

**2013 – 2016 Title VI Program Public Engagement Process**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [will conduct] [conducted] a Public Engagement Process for the 2013-2016 Title VI Program. This process includes Community Meetings to seek input, provide education, and highlight key components of the Title VI Plan. Materials have been created to explain Title VI policies as well as provide education on how they relate to minority populations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [will provide] [provided] briefings to the Board of Directors and Advisory Bodies.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [will conduct] [conducted] a 30 day public comment period to provide opportunities for feedback on the 2013-2016 Title VI Program.

Comments are accepted during the public outreach period via:

1. Email
2. Mail
3. Phone
4. In person
5. Survey tool (agency option)

**Summary of 2010-2012 Public Outreach Efforts**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**G. Language Assistance Plan**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Limited English Proficiency Plan**

This limited English Proficiency (LEP) Plan has been prepared to address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ‘s responsibilities as a recipient of federal financial assistance as they relate to the needs of individuals with limited language skills. The plan has been prepared in accordance with Title VI of the Civil Rights Act of 1964; Federal Transit Administration Circular 4702.1B, dated October 1, 2012, which states that the level and quality of transportation service is provided without regard to race, color, or national origin.

Executive order 13166, titled “Improving Access to Services for Persons with Limited English

Proficiency,” indicates that differing treatment based upon a person's inability to speak, read, write or understand English is a type of national origin discrimination. It directs each federal agency to publish guidance for its respective recipients clarifying their obligation to ensure that such discriminations do not take place. This order applies to all state and local agencies which receive federal funds.

Service Area Description:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has developed this LEP Plan to help identify reasonable steps for providing language assistance to persons with limited English proficiency who wish to access services provided by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. As defined in Executive Order 13166, LEP persons are those who do not speak English as their primary language and have limited ability to read, speak, write or understand English. This plan outlines how to identify a person who may need language assistance, and the ways in which assistance may be provided.

In order to prepare this plan, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ undertook the **four-factor LEP analysis** which considers the following factors:

**Four Factor Analysis**

1. The number and proportion of LEP persons eligible to be served or likely to be encountered in the service area:

A significant majority of people in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ service area are proficient in the English language. Based on 2010 Census data, [\_\_\_%] of the population five years of age and older speak English “less than very well” – a definition of limited English proficiency

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LEP Population in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service Area** | | | | | |
| **Population 5 years and over by language spoken at home and ability to speak English** | **Service Area Sector [1]** | **Service Area Sector [1]** | **Service Area Sector [1]** | **Service Area Total** | **Percentage of Population 5 Years and Older** |
| **Population 5 Years and Over** |  |  |  |  |  |
| Speak English “less than very well” |  |  |  |  |  |
| **Spanish** |  |  |  |  |  |
| Speak English “less than very well” |  |  |  |  |  |
| **Other Indo-European** |  |  |  |  |  |
| Speak English “less than very well” |  |  |  |  |  |
| **Asian and Pacific Island** |  |  |  |  |  |
| Speak English “less than very well” |  |  |  |  |  |
| **All Other** |  |  |  |  |  |
| Speak English “less than very well” |  |  |  |  |  |

2. Frequency of Contact by LEP Persons with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s Services:

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ staff reviewed the frequency with which office staff, dispatchers and drivers have, or could have, contact with LEP persons. To date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has, on average, [only one or two requests per month] for an interpreter. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ averages [\_\_\_] phone calls per month.

LEP Staff Survey Form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is studying the language assistance needs of its riders so that we can better communicate with them if needed.

1. How often do you come into contact with passengers who do not speak English or have trouble understanding you when you speak English to them?

DAILY WEEKLY MONTHLY LESS THAN MONTHLY

1. What languages do these passengers speak?
2. What languages (other than English) do you understand or speak?
3. Would you be willing to serve as a translator when needed?

|  |  |
| --- | --- |
| **Frequency of Contact with LEP Persons** | |
| **Frequency** | **Language Spoken by LEP Persons** |
| Daily |  |
| Weekly |  |
| Monthly |  |
| Less frequently than monthly |  |

3. The importance of programs, activities or services provided by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to LEP persons:

Outreach activities, summarized in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s Title VI Public Engagement Plan, include events such as public meetings and/or open houses held at schools, churches, libraries and other non-profit locations, and include specific outreach to LEP persons to gain under-standing of the needs of the LEP population, and the manner (if at all) needs are addressed.

Outside Organization LEP Survey

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What language assistance needs are encountered?
2. What languages are spoken by persons with language assistance needs?
3. What language assistance efforts are you undertaking to assist persons with language assistance needs?
4. When necessary, can we use these services?

4. The resources available to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and overall cost to provide LEP assistance:

Strategies for Engaging Individuals with Limited English Proficiency include:

1. Language line. Upon advance notice, translators can be provided.
2. Language identification flashcards.
3. Written translations of vital documents (identified via safe harbor provision)
4. One-on-one assistance through outreach efforts.
5. Website information.
6. To the extent feasible, assign bilingual staff for community events, public hearings and Board of Directors meetings and on the customer service phone lines.

*As applicable*: Based on our demographic analysis (Factor 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has determined that no language group(s) within its service area meets Safe Harbor criteria requiring written translated “vital documents” by language group(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will provide assistance and direction to LEP persons who request assistance.

10/30/13

**Staff LEP Training**

The following training will be provided to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ staff:

1. Information on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title VI Procedures and LEP responsibilities.

2. Description of language assistance services offered to the public.

3. Use of Language Identification Flashcards.

4. Documentation of language assistance requests.

**Monitoring and Updating the LEP Plan**

The LEP Plan is a component of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s Title VI Plan requirement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will update the LEP plan as required. At minimum, the plan will be reviewed and updated when it is clear that higher concentrations of LEP individuals are present in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ service area. Updates include the following:

1. How the needs of LEP persons have been addressed.

2. Determine the current LEP population in the service area.

3. Determine as to whether the need for, and/or extent of, translation services has changed.

4. Determine whether local language assistance programs have been effective and sufficient to meet the needs.

5. Determine whether \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_'s financial resources are sufficient to fund language assistance resources as needed.

6. Determine whether \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has fully complied with the goals of this LEP Plan.

7. Determine whether complaints have been received concerning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s failure to meet the needs of LEP individual.

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**H. Advisory Bodies**

**Table Depicting Membership of Committees, Councils, By Race**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Committee [examples]** | **Caucasian** | **Latino** | **African American** | **Asian American** |  | **Total** |
| Population Committee |  |  |  |  |  | 100% |
| Access Committee |  |  |  |  |  | 100% |
| Citizens Advisory Council |  |  |  |  |  | 100% |

**Description of efforts made to encourage minority participation on committees:**



11/08/13

**I. Subrecipient Assistance**

**Subrecipient Assistance**

**OPTION A**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ does not have any subrecipients.

**OPTION B**

Primary recipients should provide subrecipients:

* Sample public notices, Title VI complaint procedures, and the recipient’s Title VI complaint form.
* Sample procedures for tracking and investigating Title VI complaints filed with a subrecipient.
* Direction regarding obtaining demographic information of population served by subrecipients.
* Technical assistance.
* Reviews of Title VI Programs; follow-up as necessary.

**J. Subrecipient Monitoring**

**Subrecipient Monitoring**

**OPTION A**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ does not have any subrecipients.

**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 the general and specific requirements.
* Collect 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.

**K. Equity Analysis of Facilities**

**OPTION A**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has not constructed any storage facilities, maintenance facilities, or operations centers in the last three years.

**OPTION B1**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ performed an equity analysis of [a new facility] [new facilities] per Title VI regulations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ developed demographic data and mapped minority/low-income levels as a proportion to overall population. Similarly, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mapped current locations of residences and businesses in the proposed facilities locations.

**Demographic data and mapping**

*Guidance may be obtained from regional Metropolitan Planning Organization.*

Regarding the location of applicable projects, no persons were displaced from their residences and/or businesses on the basis of race, color, or national origin.

**OPTION B2**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ performed an equity analysis of [a new facility] [new facilities] per Title VI regulations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ developed demographic data and mapped minority/low-income levels as a proportion to overall population. Similarly, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mapped current locations of residences and businesses in the proposed facilities locations.

**Demographic data and mapping**

*Guidance may be obtained from regional Metropolitan Planning Organization.*

Regarding the location of applicable projects, the “two-test” exercise was conducted and it was determined that the facility [facilities] could proceed, despite disparate impact, due to a “substantial legitimate justification” to meet a goal that is integral to the agency’s institutional mission. In addition, no comparable effective alternative location(s) would result in less disparate impact.

**L.** **System-Wide Service Standards and Policies\***

***\*applies to all fixed route providers (including those that do not meet volume threshold)***

**Template for System-Wide Service Standards (1. 2. 3. 4.)**

**is presented in detail**

**in FTA Circular 4702.1B Appendix G.**

**Template for System-Wide Service Policies (1. 2.)**

**is presented in detail**

**in FTA Circular 4702.1b Appendix H.**

NOTE: Template for **Major Service Change and Impact Policies**

is located at O. Service and Fare Equity Analysis.

**M.** **Requirement to Collect and Report Demographic Data\***

**\**applies to providers that operate 50 or more fixed route transit vehicles in peak service; and 200,000+ population.***

**Template for Demographic Profile and Travel Patterns**

**is presented in detail**

**in FTA Circular 4702.1B Appendix I.**

**N.** **Requirement to Monitor Transit Service\***

**\**applies to providers that operate 50 or more fixed route transit vehicles in peak service; and 200,000+ population.***

**Template for Demographic Profile and Travel Patterns**

**is presented in detail**

**in FTA Circular 4702.1B Appendix J.**

**O. Service and Fare Equity Analysis\***

**\**applies to providers that operate 50 or more fixed route transit vehicles in peak service; and 200,000+ population.***

**Major Service Change and Impact Policies**

The Board of Directors of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has established formal hearing procedures for the adoption of major changes in transit routes.

A major change in route includes the addition or elimination of a route within \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s transit system, **increasing or decreasing the number of service hours operated on a route by 25% or more, or routing changes that alter 25% or more of a route’s path**. Minor changes to an existing route shall not constitute a “major change in route”.

A service change that is deemed a “Major Service Change” based on the description above would require a Title VI analysis.

Service changes that are deemed as a “Major Service Change” will also be required to have disparate impact analysis and disproportionate burden analysis done.

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title VI Program includes disparate impact and disproportionate burden policies.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s Disparate Impact and Disproportionate Burden Policy**

Adverse Effects: Major Service Change proposals and all fare change proposals shall be analyzed to measure and compare the level of adverse effect (loss) or benefit (gain) between minority and non-minority populations and between low-income and non-low-income populations as determined by demographic analysis of proposed changes and U.S. Census data and transit rider data.

What is Fair?: [EXAMPLE] Determination of adverse impact is based on the federal standard described in Uniform Guidelines published by the Equal Employment Opportunity Commission (EEOC) known as the “four-fifths” rule. This standard requires benefits to accrue to protected populations at a rate at least four fifths (4/5) (or eighty percent) of the rate of unprotected populations. Likewise, adverse effects must be borne by unprotected populations at a rate at least four fifths (4/5) (or eighty percent) of the rate for protected populations.

Stated another way, the maximum acceptable difference (positive or negative) in level of benefit between protected and unprotected populations is [20%]. For changes in transit service or transit fare rates, this standard applies as follows for minority and low-income populations.

Disparate impact on minority populations: If the impact of a major service change proposal or any fare change proposal requires a minority population to receive benefits [twenty percent (20%)] less or to bear adverse effects [twenty percent (20%)] more than those benefits or adverse effects received or borne by the non-minority population, that impact will be considered a disparate impact.

Disproportionate burden on low income populations: If the impact of a major service change proposal or any fare change proposal requires a low-income population to receive benefits [twenty percent (20%)] less or to bear adverse effects [twenty percent (20%)] more than those benefits or adverse effects received or borne by the non-low-income population, that impact will be considered a disparate impact.

**Template for Service and Fare Equity Analysis**

**is presented in detail**

**in FTA Circular 4702.1B Appendix K.**

**Attachment 1**

**Agency Information** [EXAMPLE – suggested format]

Community Transit is a special purpose municipal corporation providing public transportation services. Snohomish County voters created Community Transit in 1976 when they approved a sales tax to support a public transportation benefit area authority which now encompasses most of urbanized Snohomish County excluding the City of Everett, Washington.

Community Transit began operations on October 4, 1976. Community Transit’s original service area consisted of the communities of Edmonds, Lynnwood, Marysville, Mountlake Terrace, Brier, Snohomish, and Woodway. Subsequent annexations added Lake Stevens, Monroe, Granite Falls, Mukilteo, Stanwood, Sultan, Arlington, Gold Bar, Index, Darrington, Mill Creek, the Snohomish County portion of Bothell, Silver Firs and the Tulalip Indian Reservation to the service area.

Community Transit now serves 524,954 residents [SOURCE \_\_\_\_\_\_\_\_\_\_\_], about 73 percent of Snohomish County’s population. The remainder of the county’s population resides in the City of Everett and in less populated areas of north and east Snohomish County.



Community Transit’s governing body is a Board of Directors consisting of nine voting members as follows: two members of the Snohomish County Council, two elected officials from cities Community Transit serves with populations 30,000 or more, three elected officials from cities Community Transit serves with populations between 10,000 and 30,000, and two elected officials from cities Community Transit serves with populations of less than 10,000. Terms of office are as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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**Attachment 2**

SAMPLE

**(Agency Name) TITLE VI COMPLAINT FORM**

“No person in the United States shall, on the basis of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please mail or return this form to:

Director

Agency Name

Address

including email and fax number

PLEASE PRINT

|  |
| --- |
| 1. Complainant’s Name: |
| 1. Address: |
| 1. City: State: Zip Code: |
| 1. Telephone (include area code): Home ( ) or Cell ( ) Work   ( ) - ( ) - |
| 1. Electronic mail (e-mail) address: |
| Do you prefer to be contacted by this e-mail address? ( ) YES ( ) NO |
| 1. Accessible Format of Form Needed? ( ) YES specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) NO |
| 1. Are you filing this complaint on your own behalf? ( ) YES If YES, please go to question 7.   ( ) NO If no, please go to question 4 |
| 1. If you answered NO to question 3 above, please provide your name and address.    1. Name of Person Filing Complaint: |
| * 1. Address: |
| * 1. City: State: Zipcode: |
| * 1. Telephone (include area code): Home ( ) or Cell ( ) Work   ( ) - ( ) - |
| * 1. Electronic mail (e-mail) address: |
| Do you prefer to be contacted by this e-mail address? ( ) YES ( ) NO |
| 1. What is your relationship to the person for whom you are filing the complaint? |
| 1. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. ( ) YES, I have permission. ( ) NO, I do not have permission. |
| 1. I believe that the discrimination I experienced was based on (check all that apply):   ( ) Race ( ) Color ( ) National Origin (classes protected by Title VI)  ( ) Other (please specify) |

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TITLE VI COMPLAINT FORM – PAGE 2

|  |
| --- |
| 1. Date of Alleged Discrimination (Month, Day, Year): |
| 1. Where did the Alleged Discrimination take place? |
| 1. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). *Use the back of this form or separate pages if additional space is required.* |
| 1. Please list any and all witnesses’ names and phone numbers/contact information. *Use the back of this form or separate pages if additional space is required.* |
| 1. What type of corrective action would you like to see taken? |
| 1. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? ( ) YES If yes, check all that apply. ( ) NO    1. ( ) Federal Agency (List agency’s name)    2. ( ) Federal Court (Please provide location)    3. ( ) State Court    4. ( ) State Agency (Specify Agency)    5. ( ) County Court (Specify Court and County)    6. ( ) Local Agency (Specify Agency) |
| 1. If YES to question 14 above, please provide information about a contact person at the agency/court where the complaint was filed.   Name: Title: |
| Agency: Telephone: ( ) - |
| Address: |
| City: State: Zip Code: |

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date is required:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

If you completed Questions 4, 5 and 6, your signature and date is required:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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**Attachment 3**

**Title VI Self-Survey Form**

Date filed with MoDOT Transit Section:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE**

Survey Date:

Period Covered:

Name of Program/Grant:

1. Summary of Complaints:
2. Number of complaints for the period:
3. Number of complaints voluntarily resolved:
4. Number complaints currently unresolved:
5. Attach a summary of any type of complaint and provide:

* Name of complainant
* Race
* Allegation
* Findings
* Corrective Action
* Identify any policy/procedure changes made as a result of the complaint.
* Provide the date history (date complaint received through resolution)

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Title VI Self-Survey Form – Page 2

Distribution of Title VI Information

1. Are new employees made aware of the Title VI responsibilities pertaining to their specific duties?

YES \_\_\_\_\_ NO \_\_\_\_\_

1. Do new employees receive this information via employee orientation?

YES \_\_\_\_\_ NO \_\_\_\_\_

1. Is Title VI information provided to all employees and program applicants?

YES \_\_\_\_\_ NO \_\_\_\_\_

1. Is Title VI information prominently displayed in the organization and on relevant program materials?

YES \_\_\_\_\_ NO \_\_\_\_\_

1. Identify any improvements you have implemented since the last self-survey to support Title VI communication to employees and program applicants.
2. Identify any improvements you plan to implement before the next self-survey to support Title VI communication to employees and program applicants.
3. Identify any problems encountered with Title VI compliance, and discuss possible remedies.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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