**Agency Name**

**Transit Policies and Procedures**

|  |  |
| --- | --- |
| **Subject** | Title VI Program |
| **Section** | Agency Information |
| **Effective Date** |  |
| **Approved By** |  |
| **Approval Date** |  |

**Purpose**

Adopt a program that fully complies with Title VI of the Civil Rights Act of 1964, 49 CFR, Part 21, to ensure that all transit services do not discriminate against persons based on race, color, or national origin.

**Definitions**

*Title VI:* Title VI of the Civil Rights Act of 1964 protects people from discrimination based on race, color, and national origin in programs and activities receiving federal financial assistance.

*Public Participation Plan:* The processes used to notify and interact with the public to seek their input for early and continuous involvement in transportation decision-making.

*LEP (Limited English Proficiency) Persons:* Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.

**Procedure**

Develop a program describing how the transit agency will comply with Title VI of the Civil Rights Act of 1964, 49 CFR, Part 21. Topics should include the following:

* Policy statement
* Notice to the public
* Complaint procedures and form
* Transit-related investigations, complaints, and lawsuit
* Public Participation Plan
* LEP Plan
* Minority representation on planning or advisory boards
* Guidance on determining site or location of facilities
* Additional Title VI information required by ALDOT
* Board Meeting resolution of approved Title VI Program

If the transit agency is part of a larger organization, the Title VI Program may tie in with their program.

**Responsibilities**

The Transit Director and the Governing Board are responsible for compliance with this policy.

**Example**

See attached template.

**<AGENCY>**

**TITLE VI PROGRAM**

<DATE OF SIGNED RESOLUTION>

<**ADDRESS**>

<**CITY**>, <**STATE**> <**ZIP CODE**>

<**TELEPHONE NUMBER**>

<**WEBSITE**>

This document was prepared in accordance with the FTA Circular 4702.1B, dated October 1, 2012.

**TABLE OF CONTENTS**

*(All sections are required.)* Page

1. Policy Statement X
2. Notice to the Public X
3. Complaint Procedures and Form X
4. Transit-Related Investigations, Complaints, and Lawsuits X
5. Public Participation Plan X
6. Limited English Proficient Plan X
7. Minority Representation on Planning and Advisory Bodies X
8. Guidance on Determining Site or Location of Facilities X
9. Additional Title VI Information X
10. Board Meeting Resolution of Approved Title VI Program X

**APPENDICES**

*(All sections are required.)*

Appendix A – Title VI Notice to the Public X

Appendix B – Title VI Complaint Form X

Appendix C – List of Transit-Related Investigations, Complaints, and Lawsuits, X

Appendix D – Limited English Proficiency Plan X

Appendix E – Table Depicting Minority Representation on Planning and Advisory

Bodies X

Appendix F – Title VI Construction Project Analysis X

Appendix G – Additional Title VI Information X

Appendix H – Documentation of Title VI Authorization X

1. **Policy Statement**

The <**AGENCY**> ensures compliance with Title VI of the Civil Rights Act of 1964, 49 CFR, Part 21, and related statutes and regulations to the end that “no person in the United States shall, on the ground 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” (42 U.S.C. Section 2000d) including the denial of meaning access for Limited English Proficient (LEP) persons.

The purpose of this plan is to assist the <**AGENCY**> in its administration and management of Title VI related activities. The <**AGENCY**>’s Title VI Coordinator is <**NAME**>, <**TITLE**>. <**HE/SHE**> can be contacted at <**TELEPHONE NUMBER**> and/or <**EMAIL**>.

1. **Notice to the Public**

The <**AGENCY**> has developed a Title VI Notice to provide information to the public regarding the <**AGENCY**>’s Title VI obligations and to inform the public of the protections against discrimination afforded to them by Title VI. The notice also includes contact information to file a discrimination complaint with the <**AGENCY**> as well as information to file a complaint directly with the Federal Transit Administration (FTA).

The <**AGENCY**> has posted the Title VI Notice on the agency’s website and in public areas of the agency’s office(s) including the receptionist area and meeting rooms. The notice is also posted in all transit vehicles and at all transit stations and/or stops. This notice will be translated into languages other than English as needed. A copy of the notice is included as Appendix A.

1. **Complaint Procedures and Form**

A Title VI complaint may be filed by any individual or individuals who allege that he or she has been subjected to discrimination or adverse impact under any FTA funded program or activity based on race, color, or national origin. The <**AGENCY**> has adopted Title VI complaint procedures for investigating and tracking complaints. A formal, signed, written Title VI complaint form must be filed within 180 days of the date of the alleged act of discrimination. A copy of the complaint form is included in Appendix B. The complaint procedures and complaint form are also posted on the <**AGENCY**>’s website\*. Completed forms should be submitted to:

<**CONTACT NAME**>

<**TITLE**>

<**AGENCY**>

<**ADDRESS**>

<**CITY, STATE ZIP CODE**>

<**PHONE**>

<**FAX**>

<**EMAIL**>

Once the complaint is received, the <**AGENCY**> will review it to determine who has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by the <**AGENCY**>’s office. The <**AGENCY**> will only process complaint forms that are complete.

In a situation where the complainant is unable or incapable of providing a written complaint, a verbal complaint of discrimination may be made to the <**AGENCY**>. Under these circumstances, the complainant will be interviewed and the <**AGENCY**> will assist the complainant in converting the verbal allegations to a formal written complaint.

The <**AGENCY**> has 15 business days to investigate the complaint. If more information is needed to resolve the case, the <**AGENCY**> may contact the complainant. The complainant has 15 business days from the date of this 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 15 business days, the <**AGENCY**> can administratively close the case. A case can also be administratively closed if the complainant no longer wishes to pursue the case.

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 Title VI 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 accused staff member, or other action will occur. If the complainant wishes to appeal the decision, she/he has 15 days after the date of the closure letter or the LOF to do so.

If the complainant is not satisfied with actions taken locally or if they demand further action, the complaint will be referred to Mr. Joe Nix, Alabama Department of Transportation, Modal Programs Bureau, 1100 John Overton Drive, Montgomery, Alabama 36110.

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

\*If information is needed in another language, complainant can contact <**TELEPHONE NUMBER**>.

\*If provider meets the safe harbor threshold: At a minimum, the statement “If information is needed in another language, then contact <**TELEPHONE NUMBER**>” should be stated in English and in any other language(s) spoken by LEP populations that meet the Safe Harbor threshold.

1. **Transit-Related Investigations, Complaints, and Lawsuits**

The <**AGENCY**> shall maintain a log of Title VI complaints received. The log shall include the date the complaint was filed, a summary of the allegations, the status of the complaint, and actions taken in response to the complaint. Any transit related Title VI active investigations and lawsuits shall also be included in this log. This log shall be included in the Title VI Program that is submitted to ALDOT every three years.

*(Select One)*

Since the submission of the last Title VI Program to ALDOT, there have been no Title VI transit-related investigations, complaints, or lawsuits received by the <**AGENCY**>. A copy of the Title VI Transit Investigations, Complaints, and Lawsuits Form that will be used if a complaint or lawsuit is filed can be found in Appendix C.

*(or)*

Since the submission of the last Title VI Program to ALDOT, there have been Title VI transit-related investigations, complaints, or lawsuits received by the <**AGENCY**>. A record of the Title VI Investigations, Complaints, and Lawsuits can be found in Appendix C.

1. **Public Participation Plan**

The <**AGENCY**>is committed to providing early and continuous opportunities for public participation in the transportation decision making process. These opportunities are open to everyone including minority, low-income, and the Limited English Proficiency (LEP) populations. The Public Participation Plan provides for an open exchange of information and ideas between the public and transportation decision makers. The <**AGENCY**>’spublic participation program is ongoing and reviewed regularly in order to identify, meet, and serve the community’s needs.

In an effort to more fully integrate the opinions of minority, low-income, and LEP populations into community outreach activities, the <**AGENCY**>’spublic participation program will:

* Continue to coordinate with community-based organizations to identify and implement strategies to reach out to members in the affected minority, low-income, and LEP communities.
* Reduce barriers to public participation from these segments of the population.
* Place public notices on transit websites, in the receptionist areas, on transit vehicles, and at stations/stops.
* Utilize the media (newspaper, radio, television, etc.) to notify the minority, low-income, and LEP populations of public involvement efforts.
* Provide opportunities for public participation through means other than written communication, such as personal interviews or the use of recording devices to capture oral comments.
* Hold public meetings in locations, facilities, and at meeting times that are convenient and accessible to the minority, low-income, and LEP populations.
* Ensure that the decision making process adequately considers the issues and concerns raised by minority, low-income, and LEP populations.
* Develop Title VI brochures in English and other languages as needed.
* Make public information available in electronically accessible formats.
* Host a table or booth at community events or piggyback engagement efforts onto regularly-scheduled community meetings.
* Utilize interactive and collaborative online technologies, such as social networking, blogs, video sharing, and wikis.
* Develop signs, fliers, or other materials to mail or distribute to the general public and to post in libraries, community centers, etc.
* Consider non-traditional media outlets such as local neighborhood publications or internet outlets such as YouTube, Twitter, or Facebook.

To date, the <**AGENCY**> has participated in the following public outreach and involvement activities:

*(Examples)*

* <**AGENCY**> staff members have participated in and supported Community-Based Transportation Programs for disadvantaged communities.
* Public Meetings have been held at convenient times and accessible locations for the LEP populations.
* Meeting notifications have been published in newspapers that service minorities.
* <**AGENCY**> staff members have attended local meetings to identify community needs and to participate as a stakeholder agency.
* <**AGENCY**> staff members have participated in public outreach efforts to explain specific transit proposals and to solicit comments. These outreach efforts include interactions at public open houses.
* Public notices have been posted on the transit website, in the receptionist area, on the buses, and at bus stops.
* Title VI brochures have been developed in English and Spanish.

1. **Limited English Proficient Plan**

The Four Factor Analysis is used to identify Limited English Proficient (LEP) persons who need language assistance, outline how language assistance is provided, and describe how the <**AGENCY**> considers the needs of LEP persons. This assessment balances the following four factors:

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by the <**AGENCY**>’s program.In addition to the number or proportion of LEP persons served, the analysis identified:
2. How LEP persons interact with the <**AGENCY**>;
3. Where LEP communities are located and the number or proportion of LEP persons from each language group to determine the appropriate language services for each language group;
4. The literacy skills of LEP populations in their native languages in order to determine whether document translation will be an effective practice; and
5. Whether or not LEP persons are underserved by the <**AGENCY**> due to language barriers.
6. The frequency with which LEP persons come into contact with the program. The following areas were evaluated:
7. Bus and rail service users;
8. Ticket sales through vending machines, outlets, websites, and over the phone;
9. Public meeting participation;
10. Customer service interactions;
11. Ridership surveys; and
12. Operator surveys.
13. The nature and importance of the <**AGENCY**>’s program to people’s lives.
14. The resources available for LEP outreach and the costs associated with that outreach.

The <**AGENCY**> has developed a Limited English Proficiency Plan which is located in Appendix D. It includes:

* Results of the Four Factor Analysis, including a description of the LEP population(s) served;
* A description of how language assistance services will be provided;
* The methods used by the <**AGENCY**> to provide language assistance services;
* A description of how employees are trained to provide timely and reasonable language assistance to LEP populations;
* A description of how notice is provided to LEP persons about the availability of language assistance; and
* An explanation of how the plan is monitored, evaluated, and updated.

Safe Harbor Provision

*(Providers must offer written translation of vital documents for each eligible LEP language group that constitutes 5% or 1,000 persons, whichever is less, of the total population of persons eligible to be served or likely to be affected or encountered by their program.)*

In accordance with the Safe Harbor Provision, the <**AGENCY**> has identified that the following language groups exceed the threshold of 1,000 persons or 5%, whichever is less, of the total population eligible to be served by the program: <**LANGUAGE TYPE(S)**>. These language groups are also listed in Appendix D. The <**AGENCY**> focuses translation efforts in <**LANGUAGE TYPE(S)**>, which is the largest language group other than English. Vital documents such as public notices, complaint forms, and complaint procedures will be available in <**LANGUAGE TYPE(S)**>. The <**AGENCY**> also provides free translation services upon request.

1. **Minority Representation on Planning and Advisory Bodies**

*(Minorities include American Indian & Alaska Native, Asian, Black, Hispanic or Latino, and Native Hawaiian or Other Pacific Islander.)*

The <**AGENCY**> will not deny a person the opportunity to participate as a member of a planning, advisory, or similar body which is an integral part of the program on the grounds of race, color, or national origin.

*(Select One)*

The <**AGENCY**> has transit-related non-elected planning boards, advisory councils or committees, or similar committees that are selected by the <**AGENCY**>. A table depicting the racial breakdown of the membership of these committees can be found in Appendix E.

All committees actively recruit and continue to reach out to community groups to find additional diverse individuals to represent the population and help provide experience and ideas to better transit services. All committees encourage participation by posting applications and information on the <**AGENCY**>’s website regarding the need for additional members.

*(or)*

The <**AGENCY**> does not have transit-related non-elected planning boards, advisory councils or committees, or similar committees that are selected by the <**AGENCY**>. If the <**AGENCY**> establishes such boards or committees, a table will be used to depict the racial breakdown of the membership of those committees and will be included in future Title VI programs (see Appendix E for a sample table). In addition, a description of efforts made to encourage the participation of minorities on such committees will be included.

1. **Guidance on Determining Site or Location of Facilities**

The <**AGENCY**> has no construction projects scheduled. In the event that the <**AGENCY**> decides to acquire land and/or construct facilities, the <**AGENCY**> shall not make selections with the purpose or effect of excluding persons from, denying them the benefits of, or subjecting them to discrimination under any transit federally funded program based on the grounds of race, color, or national origin. The <**AGENCY**> shall comply with all federal requirements including 49 CFR Part 21 and FTA Circular 4702.1B and all subsequent provisions.

The <**AGENCY**> will complete a Title VI equity analysis during the planning state of any new facility with regard to where it is to be located or sited to ensure the location is selected without regard to race, color, or national origin. Wherever necessary, needed, and/or required, the <**AGENCY**> will engage in outreach to persons potentially impacted by the placement of facilities. The Title VI equity analysis will compare the equity impacts of various alternatives and will occur before the selection of preferred sites. A copy of the Title VI Construction Project Analysis can be found in Appendix F.

1. **Additional Title VI Information**

Additional Title VI information is included in Appendix G.

1. **Board Meeting Resolution of Approved Title VI Program**

The <**AGENCY**> Board of Directors approved the Title VI program on <**DATE**>. A copy of the *[SELECT ONE]* <**AUTHORIZING RESOLUTION OR MEETING MINUTES**> is included as Appendix H.

**Appendix A**

Title VI Notice to the Public

*(This notice shall be posted on the agency’s website and in all transit vehicles, stations, stops, receptionist areas, and/or meeting rooms.)*

TITLE VI NOTICE OF PROTECTION AGAINST DISCRIMINATION

<**AGENCY**> operates its programs without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the <**AGENCY**>.

For more information on the civil rights program and the procedures to file a complaint, contact:

**<AGENCY>**

**<ADDRESS>**

**<CITY>, <STATE> <ZIP CODE>**

**<TELEPHONE NUMBER>**

**<WEBSITE>**

A complaint may be filed directly with the

Federal Transit Administration by contacting:

**Office of Civil Rights**

**Attention: Title VI Program Coordinator**

**East Building, 5th Floor-TCR**

**1200 New Jersey Ave., SE**

**Washington DC 20590**

If information is needed in another language, then contact <**TELEPHONE NUMBER**>.

*If provider meets the Safe Harbor Threshold, then the following statement at a minimum should be posted in English and in any other language(s) spoken by LEP populations that meet the Safe Harbor threshold: “If information is needed in another language, then contact <TELEPHONE NUMBER>”.*

**Appendix B**

Title VI Complaint Form

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section I** | | | | | | | | | |
| Name: | | | | | | | | | |
| Address: | | | | | | | | | |
| Telephone (Home): | | | Telephone (Work): | | | | | | |
| Electronic Mail Address: | | | | | | | | | |
| **Section II** | | | | | | | | | |
| Are you filing this complaint on your own behalf? Circle | | | | | | 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  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 IV** | | | | | | | | | |
| Have you previously filed a Title VI complaint with this agency? Circle | | | | | | Yes | No | | |
| **Section V** | | | | | | | | | |
| Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?  [ ] Yes [ ] No  If 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: | | | | | | | | | |
| Contact person: | | | | | | | | | |
| Title: | | | | | | | | | |
| Telephone number: | | | | | | | | | |

Attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

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

Signature Date

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

<**CONTACT PERSON**>

<**AGENCY**>

<**ADDRESS**>

<**CITY**>, <**STATE**> <**ZIP CODE**>

*If provider meets the Safe Harbor Threshold, then this form must be provided in English and any other language(s) spoken by LEP populations that meet the Safe Harbor Threshold.*

**Appendix C**

List of Transit-Related Investigations, Complaints, and Lawsuits

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Date**  **(Month, Day, Year)** | **Summary**  **(include basis of complaint: race, color, or national origin)** | **Status**  **Pending or Closed** | **Action(s) Taken** |
| **Investigations** |  |  |  |  |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **Complaints** |  |  |  |  |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **Lawsuits** |  |  |  |  |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |

**Appendix D**

*(If the service area is a city or cities, replace this table with one that shows city data.)*





**LIMITED ENGLISH PROFICIENCY ASSESSMENT**

*(Assessment provided as a tool to assist with demographics & Four Factor Analysis.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Provider:** | | |  | | |
| **Date Completed:** | | |  | | |
| 1. Examine Census Data at [http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t](https://mail.milligancpa.com/owa/redir.aspx?C=c1ccc61b41e64f8da5c4751cf10c443a&URL=http%3a%2f%2ffactfinder2.census.gov%2ffaces%2fnav%2fjsf%2fpages%2fsearchresults.xhtml%3frefresh%3dt)    1) Select *TOPICS – PEOPLE - LANGUAGE – ENGLISH USAGE*  2) Select *GEOGRAPHIES –CENSUS TRACT*  3) Select the *STATE* from the drop-down menu  4) Select the *COUNTY*  from the drop-down menu  5) Click on *ALL CENSUS TRACTS WITHIN . . . COUNTY*  6) Click *ADD TO YOUR SELECTIONS*  7) From the *SELECTION RESULTS* on the right side of the screen, check the box for the table B16001 - [*LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER*](https://mail.milligancpa.com/owa/UrlBlockedError.aspx) *(Use the 3 year estimate.)*  8) The table will present a breakdown of the languages spoken in the state and identify the population estimate that speaks the language and their ability to speak English or speak English less than “very well”.  9) Add up all geographically relevant census tracts for the population estimates that speak English less than “very well”. | | | | | |
| **City/County** | **Population** | **Population that Speaks English Less than Very Well (Number)** | | **Population that Speaks English Less than Very Well (as Percent of Total Population)** | **Language/Languages Spoken by “Speak English Less Than Very Well” Population** |
|  |  |  | |  |  |
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|  |  |  | |  |  |
| 1. Survey your drivers. Do they indicate that there is a need for language assistance for riders? If so, which languages? | | |  | | |
| 1. Survey your receptionist, customer service representative, and schedule/dispatcher. Do they indicate that there is a need for language assistance for riders? If so, which languages? | | |  | | |
| 1. Contact major employers. Do they indicate a need for language assistance for potential transit users? If so, which languages? | | | | | |
| **Employer** | | | **Response** | | |
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| 1. Contact human service agencies. Do they indicate a need for language assistance for potential transit users? If so, which languages? | | | | | |
| **Agency** | | | **Response** | | |
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| 1. Contact local towns and cities, including the police departments. Do they indicate a need for language assistance for potential transit users? If so, which languages? | | | | | |
| **Town/City/Department** | | | **Response** | | |
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| 1. Contact the local school systems. Do they indicate a need for language assistance for potential transit users? If so, which languages? | | | | | |
| **School System** | | | **Response** | | |
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| 1. Contact the local churches. Do they indicate a need for language assistance for potential transit users? If so, which languages? | | | | | |
| **Church** | | | **Response** | | |
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|  | | |  | | |
| 1. Inventory second languages spoken by staff. | | |  | | |
| 1. Do the responses indicate a need for language assistance for potential transit users? If so, which languages? If yes, please prepare and submit an LEP plan. | | |  | | |

**LIMITED ENGLISH PROFICIENCY (LEP) INTERACTIONS STAFF SURVEY**

*(Survey provided as a tool to assist with Four Factor Analysis.)*

Individuals with Limited English Proficiency do not speak English as their primary language, have a limited ability to read, speak, write, or understand English or are native English speakers with low levels of literacy.

1) In the past six months have you encountered a Limited English Proficiency (LEP) person in your work activities?

2) What language have you encountered in the past six months?

3) How many times have you encountered a LEP person speaking (language selected in Question 2) in the past six months?

4) What type of work activity were you involved in when you encountered this language?

Choose all that apply

* Outreach/Public Meeting
* E‐mail
* Phone Call
* Other, please specify

5) Have you encountered additional languages in the past six months?

*(Sample LEP Plan)*

**LIMITED ENGLISH PROFICIENCY (LEP)**

**PLAN**

<**ADDRESS**>

<**CITY**>, <**STATE**> <**ZIP CODE**>

<**TELEPHONE NUMBER**>

<**WEBSITE**>

**Introduction**

This Limited English Proficiency Plan (LEP) has been prepared to address the <**AGENCY**>’s responsibilities as a recipient of federal financial assistance as they relate to the needs of individuals with limited English skills. This plan has been prepared in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d, et seq. and its implementing regulations, which state that no person shall be subjected to discrimination on the basis of race, color, or national origin.

**Plan Summary**

The <**AGENCY**> has developed this LEP Plan to help identify reasonable steps for providing language assistance to persons with limited English proficiency who wish to access transit services provided by the <**AGENCY**>. 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 the <**AGENCY**> identifies a person who may need language assistance, the ways in which assistance may be provided, staff training that may be required, and how LEP persons are notified that assistance is available.

In order to prepare this plan, the <**AGENCY**> undertook the U.S. DOT Four Factor Analysis which considers the following factors:

1. The number or proportion of LEP persons in the service area who may be served or are likely to encounter a <**AGENCY**> program, activity, or service.
2. The frequency with which LEP persons come into contact with the <**AGENCY**>’s programs, activities, or services.
3. The nature and importance of programs, activities, or services provided by the <**AGENCY**> to the LEP population.
4. The resources available to the <**AGENCY**> and the overall cost to provide LEP assistance.

**Four Factor Analysis**

1. ***The number or proportion of LEP persons in the service area who may be served or are likely to encounter a*** *<****AGENCY****>* ***program, activity, or service.***

The <**AGENCY**> reviewed the 2010 U.S. Census Report and determined that the total population for <**COUNTY OR CITY**> is <**X**> and <**X**> persons (<**X**>%) speak a language other than English. Of those persons, <**X**> (<**X**>%) residents report speaking English less than very well. Those persons with limited English proficiency are in the following groups: <**X**> speak <**LANGUAGE**>, <**X**> speak <**LANGUAGE**>, and <**X**> speak other languages. The most popular language spoken at home (other than English) is <**LANGUAGE**>. The <**AGENCY**> will likely encounter more <**LANGUAGE**> speaking persons that benefit from the transit programs than any other LEP persons.

1. ***The frequency with which LEP persons come into contact with the <AGENCY>’s programs, activities, or services.***

The <**AGENCY**> assessed the frequency with which staff and drivers have contact with LEP persons, both presently and in the past. The following contact points and frequencies have been identified:

**CONTACT POINTS FREQUENCY**

Bus Drivers – Fixed Route Moderate

Bus Drivers - Demand Response Moderate

Information Line Minimum

Dispatchers Minimum

Route Guides Moderate

Reservationist Moderate

Web Site Minimum

Receptionist Moderate

Field Supervisors Moderate

Annual Events Moderate

1. ***The nature and importance of programs, activities, or services provided by the <AGENCY> to the LEP population.***

The largest geographic concentration of LEP individuals in the <**AGENCY**>’s service area are <**LANGUAGE**> speaking residents. These residents are often dependent upon our specialized transportation services. It is also likely that the <**AGENCY**> will encounter LEP individuals at the <**LOCATION**> where tickets are sold and at community outreach events.

1. ***The resources available to the <AGENCY> and the overall cost to provide LEP assistance.***

The <**AGENCY**> assessed its resources and determined that funds are available within the current budget for providing LEP assistance. The <**AGENCY**> also determined which documents would be most beneficial if translated into other languages and the cost associated with this effort. An inventory of available organizations with which the <**AGENCY**> could partner for outreach and translation efforts was also identified. In addition, bilingual staff, volunteer community agencies, and web based translation services were identified as ways to reduce the cost of translation services.

**Limited English Proficiency (LEP) Plan Outline**

There are five areas that comprise the <**AGENCY**>’s LEP PLAN:

1. Identifying LEP Individuals Requiring Language Assistance

2. Providing Language Assistance

3. Training Staff

4. Providing Notice to LEP Persons

5. Monitoring and Updating the LEP Plan

**1. Identifying LEP Individuals Requiring Language Assistance**

The <**AGENCY**> identifies an LEP person who requires language assistance by:

* Examining customer service records to identify language assistance that has been received in the past, either at meetings or over the phone, to determine whether language assistance might be needed for similar future situations.
* Regularly surveying drivers and other first line staff who have direct or indirect contact with LEP individuals.
* Assigning a staff person to greet participants as they arrive at <**AGENCY**> sponsored events. By engaging participants in conversation, it is possible to informally gauge each attendee’s ability to speak and understand English.

* Providing Language Identification Flash Cards at public meetings.

**2. Providing Language Assistance**

The <**AGENCY**> assists an LEP person who requires language assistance by:

* Networking with local human service organizations that provide service to LEP individuals and seeking opportunities to provide information on the <**AGENCY**>’s programs and services through these organizations.
* Implementing a Hispanic Education and Outreach program.
* Posting the <**AGENCY**>’s Title VI Notice, Complaint Procedures, Complaint Form, and LEP Plan on the agency’s website.
* Providing travel training to LEP persons.
* Identifying in-house staff with other language abilities to assist with translation services.
* Making public notices, publications, and other printed materials (including webpage content) available in other languages.
* Providing a bilingual Community Outreach Coordinator at community events and public hearings.
* Placing statements in notices and publications to notify LEP persons that free language interpreter services are available for meetings with a seven day advance notice.
* Providing Language Identification Flash Cards onboard the <**AGENCY**>’s fleet, in Field Supervisor vehicles, and at the Administrative Office.
* Providing language translation for LEP persons in Route Guides.
* Utilizing a web-based translation service application such as Google Translate.
* Utilizing telephone translation services.

**3. Training Staff**

The <**AGENCY**> will train staff members on their role and responsibilities in providing meaningful access to services for LEP persons by:

* Developing a curriculum and corresponding PowerPoint to educate staff on the Title VI requirements for providing meaningful access to services for LEP persons.
* Providing staff with a description of language assistance services offered by the <**AGENCY**>.
* Providing staff with specific procedures to be followed when encountering a LEP person, including how to handle a potential Title VI / LEP complaint.
* Instructing staff on the use of Language Identification Flash Cards.

**4. Providing Notice to LEP Persons**

The <**AGENCY**> will provide notice to LEP persons in both oral and written communications by:

* Offering general information, such as operation hours, fares, etc., on the <**AGENCY**>’s customer service line in multiple languages.
* Implementing the use of an automated greeting in both <**LANGUAGE**> and English, directing callers to select which language they prefer.
* Providing the following written communications in both English and <**LANGUAGE**>:
* Introduction section of the <**AGENCY**>’s Route Guides which contain information on fares, accessibility, fare/ticket discount information, and general riding information;
* Temporary signs at bus stops and transit centers informing customers of any detours and route changes;
* Onboard fliers containing information about route changes, rider alerts, fare increases, and public hearings;
* Interior bus signage that displays safety or system policy information;
* Interior bus signage displaying cash fare cost of monthly discount passes and special promotions / campaigns; and
* Title VI Notice, Complaint Procedures, and Complaint Form.

**5. Monitoring and Updating the LEP Plan**

This plan is designed to be flexible and should be viewed as a work in progress. As such, it is important to consider whether new documents and services should be made accessible for LEP persons and to monitor changes in demographics and types of services.

The <**AGENCY**> will update the LEP Plan as required by the U.S. DOT. At a minimum, the plan will be reviewed and updated when data from the most recent U.S. Census is made available, when clear and higher concentrations of LEP individuals are present in the <**AGENCY**>’s service area, and/or during the process of updating Title VI Program.

The <**AGENCY**> will monitor and update its LEP Plan by:

* Determining how the needs of LEP persons have been addressed.
* Determining the current LEP population in the service area and whether the need for translation services has changed.
* Determining whether local language assistance programs have been effective and sufficient to meet the need.
* Determining whether the <**AGENCY**>’s financial resources are sufficient to fund the needed language assistance efforts.
* Determining whether the <**AGENCY**> has fully complied with the goals of the LEP Plan.
* Determining whether complaints have been received concerning the <**AGENCY**>’s failure to meet the needs of LEP individuals.

**Dissemination of the <AGENCY>’s LEP Plan**

The LEP Plan will be disseminated to customers and the community by:

* Publishing the LEP Plan and the Title VI Plan on the <**AGENCY**>’s website so that any person or agency with internet access can view and download these plans. Alternatively, any person or agency may also request a copy of the plan at no cost via telephone, fax, mail, or in person. LEP individuals may request that these plans be translated into various languages. If feasible, the <**AGENCY**> will accommodate such requests.
* Distributing the LEP Plan to human service organizations in the service area.

Questions or comments regarding the LEP Plan may be submitted to the <**AGENCY**> at the following address:

<**CONTACT PERSON**>

<**ADDRESS**>

**<CITY>, <STATE> <ZIP CODE>**

<**TELEPHONE NUMBER**>

<**WEBSITE**>

**Appendix E**

Table Depicting Minority Representation on Planning and Advisory Bodies

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| **Body** | **Caucasian** | **Latino** | **African American** | **Asian American** | **Native American** |
| **Population** |  |  |  |  |  |
| **Name of Committee** |  |  |  |  |  |
| **Name of Committee** |  |  |  |  |  |
| **Name of Committee** |  |  |  |  |  |

**Appendix F**

Title VI Construction Project Analysis

Name of Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe the low-income and minority populations within the area affected by the construction project and the method used to identify these populations.

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2. Describe the adverse effects of the project both during and after construction that would affect the identified minority and low-income populations and minority-owned businesses.

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3. Provide a detailed list of all minority-owned businesses and households that will be affected by the construction project.

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4. Describe the potential negative environmental impact, such as noise, air, or water pollution.

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5. Describe the relocation program and/or other measures adopted by the subrecipient that will be used to mitigate any identified adverse social, economic, or environmental effect of the proposed construction project.

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6. For each of the identified low income or minority communities, discuss the positive effects such as an improvement in transit service, mobility, or accessibility.

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7. Describe all mitigation and environment enhancement actions incorporated into the project to address the adverse effects, including any special features of the relocation program that go beyond the requirements of the Uniform Relocation Act and address adverse community effects such as separation or cohesion issues, and replacement of community resources destroyed by the project.

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8. Describe the remaining effects, if any, and why further mitigation is not proposed.

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9. For projects that traverse predominantly minority and low-income and predominantly non-minority and non-low-income areas, provide a comparison of mitigation and environmental enhancement actions that affect predominantly low-income and minority areas with mitigation implemented in predominantly non-minority or non-low-income areas. If there is no basis for such a comparison, describe why that is so.

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**Appendix G**

Additional Title VI Information

All ALDOT subrecipients must address each of the following:

1. Describe all pending applications for financial assistance currently provided by other Federal agencies to the applicant.

1. Summarize all civil rights compliance reviews conducted by other local, state or federal agencies during the last three years. (Include the reason for review, name of agency performed the review, and report on the status of findings or recommendations.)
2. Is your agency considered a minority organization: \_\_\_\_Yes \_\_\_\_No

If yes, check the category(ies) that apply.

\_\_\_ Black American \_\_\_ Sub-Continent Asian-American

\_\_\_ Hispanic American \_\_\_ Asian-Pacific American

\_\_\_ Native American \_\_\_ Other

1. Does your agency provide transportation services to minority communities?

\_\_\_Yes \_\_\_ No

If yes, check the category(ies) that apply.

\_\_\_ Black American \_\_\_ Sub-Continent Asian-American

\_\_\_ Hispanic American \_\_\_ Asian-Pacific American

\_\_\_ Native American \_\_\_ Other

1. Has your Title VI Coordinator/EEO Officer changed during the reporting period or since your last Title VI Plan was approved? If yes, please provide the name and contact information for the new coordinator/EEO Office.
2. Has your organization had any projects and/or service changes that have Title VI, Limited English Proficiency (LEP), or Environmental Justice (EJ) impacts?

If yes, please complete the following items:

1. Provide a brief description of these projects/service changes.
2. What did you do to ensure that populations affected by the project and/or service change had meaningful access to and involvement in the development process?

1. What is the number of percentage of LEP or EJ populations affected by the project and/or service change?

**Appendix H**

Documentation of Title VI Authorization

*(Provide Title VI Authorizing Resolution, Minutes, or Similar Documentation)*

**RESOLUTION ADOPTING A TITLE VI PLAN**

**WHEREAS**, the <**AGENCY**> is a recipient of federal financial assistance from the Alabama Department of Transportation in support of transit services which imposes certain obligations upon the recipient, including complying with the Title VI federal requirements; and

**WHEREAS**, Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance; and

**WHEREAS,** the <**AGENCY**> commits to assure that no person shall, on the grounds of race, color, national origin, or sex, as provided by Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987 (PL 100.259), be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination under any program or activity regardless of the funding source;

**NOW, THEREFORE,** be it resolved by the <**GOVERNING BODY**> of the<**AGENCY**> as follows**:**

The <**BOARD OR COUNCIL, etc.**> approves the proposed Title VI Program in order to comply with the Title VI federal requirements.

The <**TITLE OF DESIGNATED OFFICIAL>**, in his/her capacity, will serve as the Title VI Officer and is authorized to revise and update the plan as necessary.

Adopted this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2015.

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

Typed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Typed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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