***Federal Transit Administration***

***Title VI Program***

**The Arc of East Ascension**

**7/28/2021**

(TVI plan expires 3 years from date approved by the board)

**Title VI Plan Table of Contents**

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**Section 1: Title VI Plan Approval**

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| --- | --- |
| Title VI Plan Adopted on: |  |
| Adopted by: |  |

Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Print Title of signature above\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Include documentation to show approval (i.e., minutes, resolutions, ordinance, etc.) The person given the authority to sign should be the person who actually signs the document. The signature page for the full policy and procedure book is acceptable. The person authorized to sign should be the person who oversees the daily operation of transit services. In a 5311 program, this would be the Agency identified in the Appendix A of the contract.

Documentation must be provided to show the person signing the policy is authorized. If the COA Director will sign the policy book, the COA Board should have an authorizing resolution declaring the Director has signature authority. It is recommended all Authorizing Resolutions have position titles and not the names of the individuals.

**Title VI Plan Revision Log**

|  |  |  |
| --- | --- | --- |
| **Date**Month/day/year | **Section Revised** | **Summary of Revisions** |
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**Section 2: Title VI Policy Statement If your agency has a website, please upload the policy statement, public notice, complaint procedure, and the complaint form to the website. If you do not maintain a website, document thoroughly your effort to make sure riders have access to the documents.**

**Policy Statement**

**The Arc of East Ascension** assures that no person shall on the grounds of race, color, or national origin as provided by Title VI of the Civil Rights Act of 1964, and the Civil Rights Restoration Act of 1987 (P.L. 100.259) be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any programs or activities.

**The Arc of East Ascension** assures every effort will be made to ensure nondiscrimination in all of its programs and activities, whether those programs and activities are federally funded or not (inclusive of additional Title VI Authorities and citations).

The Civil Rights Restoration Act of 1987, broadened the scope of Title VI coverage by expanding the definition of terms “programs or activities” to include all programs or activities of Federal Aid recipients, sub-recipients, and contractor/consultants, whether such programs and activities are federally assisted or not (Public Law 100259 [S.557] March 22, 1988.)

**The Arc of East Ascension** will be responsible for initiating and monitoring Title VI activities, preparing required reports and other responsibilities as required by 23 Code of Federal Regulation, (CFR) 200 and 49 Code of Federal Regulation 21.

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

Agency Director Name Date

Title

Any individual, group of individuals or entity that believes they have been discriminated against on the basis of race, color or national origin by **The Arc of East Ascension** may file a Title VI complaint by submitting the agency’s Title VI / ADA Complaint Form.

For all Title VI matters, please contact:
NAME of person receiving complaint at agency
Address
Telephone Number and Email

**Section 3: Notice to the Public If your agency has a website or other social media platform, please upload the policy statement, public notice, complaint procedure, and the complaint form to the website. Public notice is an important part of ensuring ADA and Title VI compliance is met. If you do not maintain a website, document thoroughly your effort to make sure riders have access to the documents. Keep in mind, that partnering agencies who have social media platforms may be willing to share information and/or include links to transit services.**

# TITLE VI Notice to the Public

**The Arc of East Ascension** Notice to the Public is as follows:

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| **Notifying the Public of Rights Under Title VI****The Arc of East Ascension****The Arc of East Ascension** operates its programs and services 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 Arc of East Ascension** and should be filed within 180 days of date of alleged discrimination.For more information on **The Arc of East Ascension’s** civil rights program, the procedures to file a complaint, or to file a complaint contact 225-621-2000, (1-877-267-3619); email tara.laney@theareea.org; or visit our administrative office at 1122 S E Ascension Complex Blvd, Gonzales, LA 70737 For more information, visit www.thearcea.comA complaint may also be filed directly with the:Louisiana Department of Transportation and Development, Attn: Cynthia Douglas, 1201 Capitol Access Road, Baton Rouge, LA 70804 or (225) 379-1923. Federal Transit Administration, 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, contact 1.877.906.4133. Si necesita información en otro idioma, comuníquese al 1.877.906.4133 |

The Arc of East Ascension Notice to the Public is posted in the public areas of the office and inside the transit vehicles. The plan is posted at the front desk of The Arc of East Ascension

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| **Notificación al público de derechos bajo el título VI*** El Insert Agency Name opera sus programas y servicios sin distinction de raza, color y origen nacional, segun el Título VI de la Ley de Derechos Civiles. Cualquier persona que cree o que ha sido perjudicada por una práctica discriminatoria ilegal bajo el Título VI puede presentar una queja con el Insert Agency Name.
* Para obtener más información sobre el programa de derechos civiles de The Arc of East Ascension, o para obtener más información sobre los procedimientos para presenter una queja llame al 1-877-267-3619, frontdesk@thearcea.ogr o visite nuestra oficina administrativa en at 1122 S E Ascension Complex Blvd, Gonzales, LA 70737
* Un demandante puede presenter una queja directamente a la el Departmet de Transporte del estado de Louisiana, llame al (225) 379-1923. Email Cynthia.douglas@la.gov,
* Un demandante puede presenter una queja directamente a la Administración Federal de tránsito, Oficina de Derechos Civiles, Atención: Coordinadora del Programa Título VI, edificio este, 5 piso-TCR, 1200 New Jersey Ave., se Washington, DC, 20590.
* Si se necesita información en otro idioma, comuníquese con1-877-267-3619
 |

**Section 4: Title VI / ADA Complaint Procedure**

**The Arc of East Ascension** Title VI / ADA Complaint Procedure is made available in the following locations: (Agency should make an effort to have the plan available at alternate places if a website is not available. Please include the English and Spanish as provided in your plan. If your language assistance plan identifies another language in your service area, you should provide the public policy statement, LEP policy, complaint procedure, and complaint form in that language)

**If your agency has a website, please upload the policy statement, public notice, complaint procedure, and the complaint form to the website. If you do not maintain a website, document thoroughly your effort to make sure riders have access to the documents.**

The agency must name a position who will receive the complaints.

[ ]  **Agency website, if available:[www.thearcea.com]**

[ ]  **Hard copy in the central office**

[ ]  **Agency Title VI Plan**

Any individual, group of individuals or entity that believes they have been discriminated against on the basis of race, color, national origin or disability by **the Arc of East Ascension** may file a Title VI/ ADA complaint by completing and submitting the agency’s Title VI/ ADA Complaint Form. File initial complaint with Tara Laney Human Resources Coordinator, The Arc of East Ascension.

Any individual having filed a complaint or participated in the investigation of a complaint shall not be subjected to any form of intimidation or retaliation. Individuals who have cause to think that they have been subjected to intimidation or retaliation can file a complaint of retaliation following the same procedure for filing a discrimination complaint.

A complaint must be filed with **The Arc of East Ascension** no later than 180 days after the following:

1. The date of the alleged act of discrimination; or
2. The date when the person(s) became aware of the alleged discrimination; or
3. Where there has been a continuing course of conduct, the date on which that conduct was discontinued of the latest instance of the conduct.

Once the complaint is received, **The Arc of East Ascension** will review it to determine if our office has jurisdiction. (A copy of each Title VI complaint received will be forwarded to the Louisiana Department of Transportation and Development within ten (10) calendar days of receipt.) The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

**The Arc of East Ascension** has 45 days to investigate the complaint. If more information is needed to resolve the case, **The Arc of East Ascension** may contact the complainant.

After the investigator reviews the complaint, she/he will issue one of two (2) 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.
* A letter of finding (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.

If the complainant wishes to appeal the decision, she/he has 180 days after the date of the letter or the letter of finding to do so. A person may also file a complaint directly with the: Louisiana Department of Transportation, Attn: Cynthia Douglas, 1201 Capitol Access Road, Baton Rouge, LA 70804.

LADOTD will analyze the facts of the case and will issue its conclusion to the appellant within 60 days of the receipt of the appeal.

If information is needed in another language, then contact 1.877.906.4133.

Procedimiento de Queja Titulo VI *I* ADA

El fonnulario de queja del Titulo VI *I* ADA del **The Arc of East Ascension** esta disponible en las siguientes ubicaciones:

* Pagina web de Ia agencia
* Copia impresa localizada en Ia oficina central

Cualquier individo, grupo de individuos o entidad que crea que ha sido objeto de discriminacion por motivos de raza, color, nacionalidad o discapacidad por el **The Arc of East Ascension** puede presentar una queja del Titulo VI *I* ADA al completar y enviar el fonnulario de queja del Titulo VI *I* ADA correspondiente a Ia agencia. Este decumento debeni de ser enviado a Ia direccion indicada en el fonnulario de queja. Presente la queja inicial con Tara Laney Human Resources Coordinator, The Arc of East Ascension.

Cualquier individuo que haya presentado una queja o participle en Ia investigacion de alguna queja no debera ser sujeto a ninguna fonna de intimidacion o represalias. Aquel individuo que considere que ha sido sujeto de intimidacion o de represalias puede llenar un formulario de queja para represalias siguiendo el mismo procedimiento que para una queja de descriminacion.

Esta queja debera ser presentada a traves de Ia Oficina de Programas de Cumplimiento del **The Arc of East Ascension** en un periodo de no mas de 180 dias despues de lo siguiente:

1.- La fecha del presunto acto de discriminacion; o

2.- La fecha en Ia que Ia persona (s) se percataron del presunto acto de discriminacion; o

3.- Cuando se ha detectado que el acto de discriminacion se ha convertido en una conducta

repetitiva. En estos casos se incluira Ia fecha del ultimo acontecimiento.

Una vez que se reciba Ia queja, el *I* Ia Coordinador del Titulo VI *I* ADA del **The Arc of East Ascension** lo revisara para detenninar si nuestra oficina tiene jurisdiccion. El demandantete recibira una carta de notificacion en Ia cual se le hara saber si Ia queja sera investigada por nuestra oficina.

ElI La coordinador del Titulo VI *I* ADA del The Arc of East Ascension tendra 45 dias para investigar Ia queja. Si se necesita mas infonnacion para resolver el caso, el (Ia) Coordinador (a) del Titulo VI *I* ADA puedria contactar al demandante.

Despues de que elI Ia Coordinador del Titulo VI *I* ADA revise Ia queja, emitira una de dos (2) cartas al demandante: una carta de cierre o una carta de hallazgo.

* Una carta de cierre resumiendo las alegaciones del caso en Ia cual indicara que no hubo una violacion

del Titulo VI *I* ADA y por tal motivo el caso sera cerrado.

* Una carta de hallazgo resumiendo las alegaciones y las entrevistas sobre el supuesto incidente en esta misma carta se le explicara al demandante si se llevara a cabo alguna accion disciplinaria, entrenamiento adicional al personal o se tomara alguna otra accion necesaria.

Si el demandante desea apelar Ia decision, el tendra 180 dias despues de la fecha marcada en la carta de cierre ode la carta de hallazgo para hacerlo. Ell La Coordinador, Jamie Ainsworth (225)379-3055, del Titulo VI *I* ADA analizara los hechos del caso y emitira su conclusion al apelante en un periodo de 60 dias despues de haber recibido Ia apelacion.

**Section 5: Title VI / ADA Complaint Form If your agency has a website, please upload the policy statement, public notice, complaint procedure, and the complaint form to the website. If you do not maintain a website, document thoroughly your effort to make sure riders have access to the documents.**

**The Arc of East Ascension’s** Title VI / ADA Complaint Procedure is made available in the following locations:

[x]  **Agency website, if available: [www.thearcea.com]**

 [ ] Hard copy in the central office

[ ] Agency Title VI Plan

|  |
| --- |
| **Section I:** |
| **Name:** |
| **Address:** |
| **Telephone (Home):** | **Telephone (Work):** |
| Email 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 [ ] DisabilityDate 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? | 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 [ ] 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: |
| Contact person:  |
| Title: |
| Telephone number: |

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

Signature and date required below

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

Signature Date

If information is needed in another language, contact1.8.77.906.4133.

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

**The Arc of East Ascension**

1122 S E Ascension Complex Blvd, Gonzales, LA 70737

|  |
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| **Formato de Reclamo del Título VI o ADA del The Arc of East Ascension****Sección I:** |
| Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Teléfono (Casa/Celular): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Teléfono (Trabajo): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Dirección de correo electrónico: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Sección II:** |
| ¿Está usted presentando esta queja en su propio nombre: **Sí  No **  |
| \* Si usted contestó "sí" a esta pregunta, pase a la Sección III.  |
| Si su respuesta es "no", por favor escribe el nombre y la relación de la persona que está presentando la queja en contra:  |  **Nombre:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relación:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Si usted está presentando una queja de parte de otra persona, por favor, explica porqué en el siguiente espacio:  |
| ¿Se ha obtenido el permiso de la parte perjudicada, si usted está presentando en nombre de un tercero: **Sí**  **No**   |
| **Sección III:** |
| Creo que la discriminación que experimenté fue basado en (marque todo lo que corresponda):  **Raza**   **Color**   **Origen Nacional** **Discapacidad** |
| Fecha de la discriminación alegada (Mes, Día, Año):  |   **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Explique, lo más claramente posible, lo que sucedió y porqué usted cree que fue discriminado. Describe todas las personas quien estuvieron involucradas. Incluye el nombre y la información de contacto de la persona (s) que discriminó (si se conoce), así como los nombres e información de contacto de cualquier testigo. Si necesita más espacio, adjunte hojas adicionales a este formulario:  |
| **Sección IV**  |
| Ha previamente presentado una queja del Título VI con el **The Arc of East Ascension?**  **Sí**  **No**   |
| **Sección V**  |
| ¿Ha presentado esta queja con cualquier otro federal, estatal o local, o ante cualquier tribunal federal o estatal? **Sí**  **No**  En caso afirmativo, marque el nombre de todas las que correspondan:  Agencia Federal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tribunal Federal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agencia Estatal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tribunal Estatal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agencia local :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
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| Sírvanse proporcionar información acerca de una persona de contacto en la corte / entidad donde se presentó la queja. Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Título: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agencia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dirección: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Sección VI**  |
| Nombre de la agencia/companía de queja es contra: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Persona de contacto: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Título: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Firma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Por favor, envíe este formulario en persona en la dirección indicada más abajo:  The Arc of East Ascension Tara Laney, Human Resources Coordinator 1122 S E Ascension Complex Blvd, Gonzales, LA 70737   |
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**Section 6: List of Transit Related Title VI Investigations, Complaints and Lawsuits**

**The Arc of East Ascension** maintains a list or log of all Title VI investigations, complaints and lawsuits, pertaining to its transit-related activities.

|  |
| --- |
| **Check One: (One of these must be checked. If there have been complaints the chart must be filled out)** |
| X  | There have been no investigations, complaint and/or lawsuits filed against us since the last plan submission. |
|  | There have been investigations, complaints and/or lawsuits filed against us. *See list below. Attach additional information as needed.* |

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

**Section 7: Public Participation Plan**

**Strategies and Desired Outcomes**

To promote inclusive public participation, **The Arc of East Ascension** will employ the following strategies, as appropriate (make these determinations based on a demographic analysis of the population(s) affected, type of plan, program and/or service under consideration, and the resources available): (Only list the options that your agency participates in. The goal is to encourage public participation and agency should make a variety of efforts to reach the population you serve. A 5311 program must attempt to reach public within your service area, not just the riders you currently serve. A 5310 program would attempt to include your defined specialized population of riders and/or their families)

* Provide for early, frequent and continuous engagement by the public.
* Select accessible and varied meeting locations and times
* Employ different meeting sizes and formats
* Use social media in addition to other resources as a way to gain public involvement
* Use radio, television or newspaper ads on stations and in publications that serve LEP populations. Outreach to LEP populations may also include audio programming available on podcasts.
* Expand traditional outreach methods by visiting ethnic stores/markets and restaurants, community centers, libraries, faith-based institutions, local festivals, etc.

**Public Outreach Activities**

The public outreach and involvement activities conducted by **The Arc of East Ascension** since the last Title VI Program submission are summarized in the table below. (If this is your first Title VI plan, this will be blank. Each year you will use this chart to list and describe the outreach activities made in the prior year)

Enter specific Public Participation activities in the table below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Event Date** | **The Arc of East Ascension** Staffer(s) | **Activity** | **Communication****Method**(Public Notice, Posters, Social Media) | **Notes** |
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**Section 8:** **Language Assistance Plan**

**Plan Components**

As a recipient of federal US DOT funding, **The Arc of East Ascension** is required to take reasonable steps to ensure meaningful access to our programs and activities by limited-English proficient (LEP) persons.

Limited English Proficient (LEP) refers to persons for whom English is not their primary language and who have a limited ability to read, write, speak or understand English. This includes those who have reported to the U.S. Census that they speak English less than very well, not well, or not at all.

Read each of these carefully. This template includes possible ways to meet goal, but you must include the actual plans you follow at your agency. Example: DO NOT include “I Speak” cards as an option if your agency does not have “I Speak” cards.

**The Arc of East Ascension’s** Language Assistance Plan includes the following elements:

Item #1: The results of the *Four Factor Analysis*, including a description of the LEP population(s), served.

Item #2: A description of how language assistance services are provided by language

Item #3: A description of how LEP persons are informed of the availability of language assistance service

Item #4: A description of how the language assistance plan is monitored and updated

Item #5: A description of how employees are trained to provide language assistance to LEP persons

**Four Factor Analysis Methodology**

To determine if an individual is entitled to language assistance and what specific services are appropriate, **The Arc of East Ascension** has conducted a *Four Factor Analysis* of the following areas: 1) LEP Demography, 2) Contact Frequency, 3) Importance of Service, and 4) Resources and Costs.

**Factor 1: The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or recipient.** In addition to the number or proportion of LEP persons served, **The Arc of East Ascension’s** will identify:

1. How LEP persons interact with the recipient’s agency;
2. Identification of LEP communities, and assessing the number or proportion of LEP persons from each language group to determine the appropriate language services for each language;
3. The literacy skills of LEP populations in their native languages, in order to determine whether translation of documents will be an effective practice; and

(d) Whether LEP persons are underserved by the recipient due to language barriers.

**Factor 2: The frequency with which LEP persons come into contact with the program.**: Identifies and assesses the frequency **The Arc of East Ascension** staff comes into contact with LEP persons. Examples of contact could include:

(a) Use of bus and rail service;

(b) Purchase of tickets through vending machines, outlets, websites, and over the phone;

(c) Participation in public meetings;

(d) Customer service interactions;

(e) Ridership surveys;

(f) Operator surveys.

**Factor 3: The nature and importance of the program, activity, or service provided by the program to people’s lives.** Generally speaking, the more important the program, the more frequent the contact and the likelihood that language services will be needed.

This section discusses how **The Arc of East Ascension’s** program and services impact the lives of person’s within the community. **The Arc of East Ascension** will specify the community organizations that serve LEP persons, if available.

**Factor 4: The resources available to the recipient for LEP outreach, as well as the costs associated with that outreach.** Resource and cost issues can often be reduced by technological advances, reasonable business practices, and the sharing of language assistance materials and services among and between recipients, advocacy groups, LEP populations and Federal agencies. Large entities and those entities serving a significant number of LEP persons should ensure that their resource limitations are well substantiated before using this factor as a reason to limit language assistance.

The summary below discusses the low cost methods **The Arc of East Ascension** usesto provide outreach to LEP persons as well as train staff (and transit provider/lessee, if applicable) on Title VI and LEP principles.

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| Item #1 – Results of the Four Factor Analysis *(including a description of the LEP population(s) served)* |

**Factor 1: The number or proportion of LEP persons eligible to be served or likely to be encountered.**

The Insert Agency Name’s staff reviewed the American Community Survey data <https://www.census.gov/programs-surveys/acs> and determined that 7509 (6.1%) persons in the ***Ascension*** speak a language other than English. In ***Ascension*** of the 9893 persons with limited English proficiency, 5293 (4.3%) speak Spanish. (Other languages identified in the service area should also be represented with documents printed in those languages.)

Agency should insert the tables from ACS that document the persons who “speak English less than very well” <https://data.census.gov/cedsci/table?q=United%20States&table=DP05&tid=ACSST1Y2017.S1602&g=0100000US_0400000US22.050000&lastDisplayedRow=29&vintage=2017&layer=state&cid=DP05_0001E&t=Language%20Spoken%20at%20Home&hidePreview=true>

**Factor 2: The frequency with which LEP persons come into contact with the program**.

The Arc of East Ascension assessed the frequency with which staff and drivers have, or could have, contact with LEP persons. The Arc East Ascension provides approximately 960 passenger trips per year. If an individual has speech limitations, the dispatcher or driver will work with the Transit Manager and the LADOTD, if needed, to ensure the individual receives access to the transit services.

**Factor 3: The nature and importance of the program, activity, or service provided by the program to people’s lives.**

All of The Arc Of East Ascension’s programs are important; however, those related to safety, public transit, nondiscrimination and public involvement are among the most important. The Arc of East Ascension is committed to providing meaningful access and will provide written translation for any of its documents, when reasonable, effective and with the available resources. In other cases, The Arc of East Ascension will strive to provide alternative but meaningfully accessibility. Moreover, the Arc of East Ascension continually evaluates its programs, services, and activities to ensure that persons who may be LEP are always provided with meaningful access. The Title VI policy, complaint form, and LEP policy are available in Spanish upon request.

**Factor 4: The resources available for LEP outreach, as well as the costs associated with that outreach.**

The Arc of East Ascension makes every effort to make its programs, services, and activities, accessible to LEP individuals. The Arc of East Ascension will use available resources, both internal and external to accommodate reasonable requests for translations.

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| Item # 2 – Description of how Language Assistance Services are Provided, by Language |

The Arc of East Ascension has identified, developed, and uses the following:

1. Individuals who have contact with the public are provided with “I Speak” language cards to identify language needs in order to match them with available services. Language cards verified and distributed by the Director as need.
2. The Arc of East Ascension has developed partnerships with local agencies, organizations, law enforcement, colleges/universities, local school districts and social service agencies that are available to assist with it LEP responsibilities.
3. A list of web based translation services can be provided by contracting the Human Resources Department.

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| Item # 3 - | Description of how LEP Persons are Informed of the Availability of Language Assistance Service |

In order to ensure that LEP individuals are aware of The Arc of East Ascension’s language assistance measures,

The Arc of East Ascension provides the following:

* Title VI Program including the Language Assistance Plan is made available on website, if applicable, and hard copy in central office.
* Drivers and dispatchers are provided “I Speak” language cards to identify language needs in order to match them with available services.

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| Item # 4 – Description of how the Language Assistance Plan is Monitored and Updated |

The Arc of East Ascension will continue to update the LEP plan as required by U.S. DOT. At a minimum, the plan

will continue to be reviewed and updated every three (3) years in conjunction with the Title VI submission,

or when data from the 2020 U.S. Census is available, or when it is clear that the concentrations of LEP

individuals are present in The Arc of East Ascension service area.

Updates will continue to include the following:

* The number of documented LEP person contacts encountered annually.
* How the needs of LEP persons have been addressed.
* Determination of the current LEP population in the service area.
* Determination as to whether the need for translation services has changed.
* Determine whether local language assistance programs have been effective and sufficient to meet the need.
* Determine whether The Arc of East Ascension’s financial resources are sufficient to fund language assistance resources needed.
* Determine whether The Arc of East Ascension has fully complied with the goals of this LEP Plan.
* Determine whether complaints have been received concerning The Arc of East Ascension’s failure to meet the needs of LEP individuals

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| Item # 5 - | Description of how Employees are Trained to Provide Language Assistance to LEP Persons |

The following training will continue to be provided to The Arc of East Ascension staff:

* Information on the The Arc of East Ascension Title VI Procedures and LEP responsibilities.
* Description of language assistance services offered to the public.
* Use of “I Speak” language cards (used to identify language preference).
* Documentation of language assistance requests.
* Use of web-based interpreter services or 1.877.906.4133
* How to handle a potential Title VI / LEP complaint.

Limited English Proficient (LEP) Resource Materials:

LEP Policy

The Arc of East Ascension shall provide for communication for limited English proficient riders to ensure them equal opportunity to benefit from services. Family members or friends of limited English proficient riders will not be used as translators unless specifically requested by that individual. Arrangements have been made with XXX to obtain translators. The agency will also utilize web based translator programs if available.

**If you need help with English, please call xxx-xxx-xxxx.**

The Arc of East Ascension proporcionará comunicación para jinetes competentes inglés limitados para asegurarles igualdad de oportunidades para beneficiarse de los servicios. Miembros de la familia o amigos de jinetes habilidades inglesas limitadas no se utilizará como traductores a menos que pedido específicamente por ese individuo. Han establecido acuerdos con la Agencia para obtener traductores. La agencia también utiliza programas de traductor basado en web si está disponible.

**Si usted necesita ayuda con el inglés, por favor llame xxx-xxx-xxxx**

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| **Mark this Box if you speak…** | **Language Identification Chart** | **Language** |
|  | Mark this box if you read or speak English | English |
|  | Marque esta casilla si lee o habla español | Spanish |
|  | Kos lub voj no yog koj paub twm thiab hais lus Hmoob | Hmong |
|  | 如果说中国在方框内打勾 | Chinese |
|  | Xin ñaùnh daáu vaøo oâ naøy neáu quyù vò bieát ñoïc vaø noùi ñöôïc Vieät Ngöõ. | Vietnamese |
|  | 당신이한국어말할경우이 상자를표시 | Korean |
|  | Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog. | Tagalog |
|  | Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen | German |
|  | Отметить этот флажок, если вы говорите по-русски | Russian |
|  | Означите ову кућицу ако говорите српски | Serbian |
|  | आप हिंदी बोलते हैं तो इस बक्से को चिह्नित करें | Hindi |
|  | پر نشان لگائیں تو اس باکس بولتے ہیں اردو اگر آپ | Urdu |

 **“*I Speak*” Language Identification Card**

 **Note: For additional languages visit the US Census Bureau website** [**http://www.lep.gov/ISpeakCards2004.pdf**](http://www.lep.gov/ISpeakCards2004.pdf)

**Log of LEP Encounters** Any incident where an English deficient rider requests language assistance should be documented here.

| **Date** | **Time** | **Language Spoken By Individual***(if available)* | **Name and Phone Number****of Individual***(if available)* | **Service Requested** | **Follow Up Required** | **Staff Member****Providing Assistance** | **Notes** |
| --- | --- | --- | --- | --- | --- | --- | --- |
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**Section 9: Minority Representation Information**

Recipients that have transit-related, non-elected planning boards, advisory councils or committees, or similar committees, the membership of which is selected by the recipient, must provide a table depicting the racial breakdown of the membership of those committees, and a description of efforts made to encourage the participation of minorities on such committees. This section will represent the Board that oversees the actual operation of transit services. 5311 agencies will most often be the COA who operates the service. If the public body operates transit, the Board would likely be the elected Police Jurors. Elected transit-related board, committee, or council, do not need to complete the table below, and in **section B write that there are no non-elected transit-related boards, committees, or councils.**

1. **Minority Representation Table**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Body | Caucasian | Hispanic | African American | Asian American | Native American | Two or More Races |
| Population |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**B. Efforts to Encourage Minority Participation**

*To encourage participation on its boards, committees and councils, the XXXXXXX will make every effort to encourage minority participation on the board.*  (If the Board is anything other than elected, the agency should provide some description on how they recruit Board members who represent diversity.)

**Section 10: Providing Assistance to and Monitoring Subrecipients**

A sub-recipient is only one that receives FTA funding to operate the service or provide rides. The vehicle or building maintenance are not sub-recipients under the Title VI plan. **One of these must be checked and nearly ALL 5311 and 5310 agencies NO NOT have subrecipients.**

1. Does agency provide funding to subrecipients?

 [x]  No, the agency does not have subrecipients.

 [ ]  Yes. If yes, list the subrecipient names: (list other agency names here)

Insert Agency Name monitors subrecipients using the following process:

1. Insert Agency Name uses the following process for ensuring all subrecipients are complying with the general reporting requirements of FTA C4702.1B: (document the process here)
2. Insert Agency Name collects Title VI programs from the subrecipients listed above and reviews programs for compliance by (list the process here)

**Section 11: Title VI Equity Analysis One of these must be checked.**

1. Has the agency built a facility? (check a response below)

[x]  No, the agency has not built a facility.

[ ]  Yes, the agency has built a facility and completed a Title VI equity analysis to compare the equity impacts of various siting alternatives, and the analysis must occur before the selection of the preferred site. (Include at the end of the TVI plan a copy of the Title VI equity analysis.)

**Section 12:** **Requirements for Metropolitan Planning Organizations (MPOs)**

This section is only required if the MPO is receiving funds for transit operations. If you are a public body, not-for-profit, or other provider of transit services check the box noting non-applicable.

[x]  **NA**

All MPOs must complete Part Three; in addition to the requirements specified in Part One.

1. Did the

|  |  |
| --- | --- |
| **MPO Requirements** *(Ref: FTA Circular 4702.1B Chapter VI)* | **Status** |
| 1. Does the plan contain a demographic profile of the metropolitan area that includes identification of the locations of minority populations in the aggregate?
2. A description of the procedures by which the mobility needs of minority populations are identified and considered within the planning process?
3. Demographic maps that overlay the percent minority and non-minority populations as identified by Census or American Community Survey (ACS) data, at the Census tract or block group level, and charts that analyze the impacts of the distribution of State and Federal funds in the aggregate for public transportation purposes, including federal funds managed by the MPO as a designated recipient?
4. Analysis of disparate impacts on the basis of race, color, or national origin, and, if so, determines whether there is a substantial legitimate justification for the policy that resulted in the disparate impacts, and if there are alternatives that could be employed that would have a less discriminatory impact.
 | [ ]  Y [ ]  N[ ]  Y [ ]  N[ ]  Y [ ]  N[ ]  Y [ ]  N |
| Comments: |