City of USA

**Title VI/ADA Nondiscrimination Plan**

**February 2024 - This sample template is provided for the purposes of guidance only.**

|  |  |
| --- | --- |
| **Revised on:** | (insert date the plan is signed) |
| **Adopted by:** | Name of appropriate official or governing board/entity |
| Original Plan**Adopted on:** | (insert date the original plan was signed) |

*This plan is hereby adopted and signed by*:

**City of USA**

|  |  |
| --- | --- |
| **Executive Name/Title:** |  |
| **Executive Signature:** |  |

|  |
| --- |
|  |

As a recipient of USDOT Federal Transit Administration (FTA) funding, per [FTA Circular 4702.1B](https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/FTA_Title_VI_FINAL.pdf) the **City of USA** is required to prepare a Title VI/ADA Nondiscrimination Plan including the following elements:

Evidence of Policy Approval

Policy Statement, Log of Policy Updates, Contact Information/Program Administration

Notice of Nondiscrimination (**Appendix 1**)

Complaint Procedure (**Appendix 2**)

Complaint Log (**Appendix 3**)

Complaint Form (**Appendix 4**)

Public Involvement Plan (**Appendix 5**)

Limited English Proficiency (LEP) Plan (**Appendix 6**)

Limited English Proficiency LEP Tools **(Appendix 7)**

Demographic Representation Information (**Appendix 8**)

**Policy Statement**

The **City of USA** is committed to ensuring that no person is excluded from the participation in, denied the benefits of, or otherwise subjected to discrimination on the basis of race, color, national origin, disability, sex, age, religion, income status or limited English proficiency (LEP) in any and all programs, activities or services administered by the **City of USA** in accordance with Title VI of the Civil Rights Act of 1964**[[1]](#footnote-1)** and related nondiscrimination authorities.

The **City of USA** receives federal financial assistance to provide transportation service in (insert service area) and to purchase vehicles to provide rides to elderly and disabled individuals.

**Policy Updates – Activity Log**

The **City of USA** will review its policy on an annual basis to determine if modifications are necessary. The table below outlines the Title VI/ADA Plan reviews/revisions made by the **City of USA**.

As applicable, **City of USA** will discuss Title VI/ADA Nondiscrimination Plan requirements with its third-party transit providers on an annual basis to ensure compliance with civil rights requirements.

| **Date** | **Activity****(Review/Update/Addendum/ Adoption/Distribution)** | **Person Responsible** | **Notes** |
| --- | --- | --- | --- |
| Month, Day, 2024 | Updated Title VI/ADA Plan per WisDOT requirement. Revisions included updated Complaint Form, updated LEP Plan and Minority Representation Information with current US Census data |  |  |
| Month, Day, 20XX | Develop Title VI/ADA Plan  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Contact Information/Program Administration**

Chief Executive

The **City of USA’s** Chief Executive will ensure compliance with [Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d)](https://www.justice.gov/crt/fcs/TitleVI-Overview) and the U.S. Department of Transportation implementing regulations.

|  |  |
| --- | --- |
| **Name:** | Insert contact information here |
| **Email:** |  |
| **Phone:** |  |

Civil Rights Coordinator

The **City of USA**’**s** Civil Rights Coordinator ensures Title VI/Nondiscrimination and LEP compliance in accordance with the **City of USA’s** federally funded transportation activities. The Civil Rights Coordinator has other duties and responsibilities in addition to Title VI/Nondiscrimination and LEP compliance. This position has a direct reporting relationship and access to the **City of USA’s** Chief Executive.

|  |  |
| --- | --- |
| **Name:** | Insert contact information here  |
| **Email:** |  |
| **Phone:** |  |

The Civil Rights Coordinator is responsible for initiating, monitoring, and ensuring compliance of the **City of USA’s** nondiscrimination requirements, including the following activities:

* Program Administration
	+ Ensure compliance with federal Title VI/Nondiscrimination and LEP requirements.
	+ Develop and implement the **City of USA’s** Title VI/Nondiscrimination and LEP Plan.
	+ Update and maintain Title VI/Nondiscrimination and LEP program policies and procedures.
* Complaints
	+ Review, track, investigate and close Title VI/Nondiscrimination and LEP complaints.
* Employee Training
	+ Educate staff on Title VI/Nondiscrimination and LEP requirements and procedures.
* Reporting
	+ Prepare and submit Title VI/Nondiscrimination reports per state and federal regulations.
* Public Dissemination
	+ Notify the public of the **City of USA’s** Nondiscrimination requirements via the **City of USA’s** public area, on its website, in vehicles, etc.
* Oversight
	+ Ensure contractors and lessees adhere to Title VI/Nondiscrimination and LEP requirements.

**Notice of Nondiscrimination**

[FTA Title VI Circular 4702.1B](https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/FTA_Title_VI_FINAL.pdf) requires the **City of USA** as a recipient of federal financial assistance to notify the public of its obligations under U.S. DOT Title VI regulations and the protections against discrimination afforded to them by Title VI.

Title VI and ADA regulations require **City of USA** to inform the public of their rights under Title VI and ADA by posting a *Notice of Nondiscrimination*. The *Notice of Nondiscrimination* should be posted in the following locations: agency website, public areas of the agency office, and as applicable, inside vehicles, rider guides/schedules, and transit shelters/facilities.

The public notice must include a statement of nondiscrimination, information on how to request additional information about the agency’s Title VI and ADA obligations, including information on how to file a complaint, the location of the complaint form, etc., and information on how to request Title VI and ADA information in another language.

The **City of USA’s** *Notice of Nondiscrimination* is provided in the following locations: *(list all that apply)*

Agency website <https://www.cityofUSA.com>

Public area of the agency office (specify location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Inside vehicles

Rider Guides/Schedules

On English versions of the *Notice of Nondiscrimination*, a sentence is included in Spanish and Hmong to contact the **City of USA** at (XXX)XXX-XXXX if additional information is needed in another language.

To view a copy of the **City of USA’s** *Notice of Nondiscrimination*, please see **Appendix 1**.

# Complaint Procedure, Complaint Log, and Complaint Form

The **City of USA**, as a recipient of federal financial assistance must develop a procedure for investigating, tracking, and resolving Title VI/Nondiscrimination and LEP complaints and make the procedures available to the public upon request.

Any person, group or firm that believes they’ve been discriminated against on the basis of race, color, national origin, disability, sex, age, religion, income status or limited English proficiency (LEP) by the **City of USA** may file a civil rights complaint.

Scope of Civil Rights Complaints

The scope of civil rights complaints covers all internal and external **City of USA** activities. Adverse impacts resulting in civil rights complaints can arise from many sources including the delivery of programs and services, or advertising, bidding, and contracts.

Complaints can originate as a result of project and program impacts on individuals or groups. Examples include social and economic impacts such as access to programs, activities and services, failure to maintain facilities and vehicles, traffic, noise, air quality, and accidents.

Complaints can also originate from individuals or firms alleging inability to bid upon or obtain a contract with **City of USA** for the furnishing of goods and services. Examples include advertising for bid proposals; prequalification or qualification requirements; bid awards; selection of contractors, subcontractors, material and equipment suppliers, lessors, vendors, consultants, etc.

The **City of USA’s** complaint procedure is shown in **Appendix 2** and made available in the following locations:

Agency website, either as a reference in the *Notice of Nondiscrimination* or in its entirety

Agency office (specify location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Civil Rights Investigations

Recipients of federal financial assistance are required to maintain a list of any complaints alleging discrimination. The list shall include the date the civil rights complaint, investigation, or lawsuit was filed, a summary of the allegation(s), the status of the complaint, investigation, or lawsuit, actions taken by the recipient in response, and final findings related to the complaint, investigation, or lawsuit.

**Appendix 3** is the **City of USA’s** *Complain Log* procedure and tracking mechanism to investigate, track and resolve complaints.

Since the last update of this Title VI/ADA Nondiscrimination Plan, there has been no transportation related civil rights investigations, complaints, or lawsuits filed with the **City of USA.**

Complaint Form

**City of USA’s** *Complaint Form* is shown in **Appendix 4**.

**Public Involvement Plan**

Recipients of federal financial assistance are required to develop a public involvement plan that includes outreach strategies and participation techniques to engage the public including minority, low-income, and limited English proficient (LEP) populations, as well as a summary of outreach efforts made since the last Title VI/ADA Nondiscrimination Plan.

While traditional means of seeking public involvement may not reach all individuals, or might not allow for meaningful avenues of input, the intent of this effort is to take reasonable actions to provide opportunities for historically under-served populations to participate in transportation decision making efforts.

**City of USA’s** *Public Involvement Plan* is shown in **Appendix 5**.

**Limited English Proficiency (LEP) Plan**

As a recipient of federal USDOT funding, the **City of USA** is required under [Title VI of the Civil Rights Act of 1964](https://www.justice.gov/crt/fcs/TitleVI) and [Executive Order 13166](https://www.justice.gov/crt/executive-order-13166) to develop and implement a plan to ensure accessibility to its programs and services for persons who are not proficient in the English Language.

**City of USA’s** *Limited English Proficiency (LEP) Plan* is shown in **Appendix 6**.

The LEP plan outlines the policies and procedures the **City of USA** will use to address the needs of persons with limited English proficiency (LEP) that wish to participate in **City of USA** programs and services.

**Demographic Representation Information**

The **City of USA** understands that diverse representation on boards, councils, and committees results in sound policy reflective of the needs of the entire population. [FTA Title VI Circular 4702.1B](https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/FTA_Title_VI_FINAL.pdf) requires recipients which have transportation-related, non-elected boards, advisory council or committees, or similar bodies, to report membership of these committees broken down by race and include a description of efforts made to encourage the participation of minorities on these committees.

**City of USA’s** *Minority Representation Information* is shown in **Appendix 7**.

# Appendix 1

# Notice of Nondiscrimination to the Public

**City of USA’s** *Notice of Nondiscrimination* is posted in the following areas:

Public area of the agency office

Inside vehicles

Rider Guides/Schedules

|  |
| --- |
| **Notice of Nondiscrimination** **City of USA**The **City of USA** is committed to ensuring that no person is excluded from the participation in, denied the benefits of, or otherwise subjected to discrimination on the basis of race, color, national origin, disability, sex, age, religion, income status or limited English proficiency (LEP) in any and all programs, activities, or services administered by the **City of USA** in accordance with Title VI of the Civil Rights Act of 1964 and related nondiscrimination authorities. Any person who believes they’ve been aggrieved by any unlawful discriminatory practice may file a complaint with the **City of USA**. For more information on the **City of USA’s** civil rights program, and the procedures to file a complaint, contact Name, title.vi.complaint@city.of.us, XXX-XXX-XXXX, (for hearing impaired, please use [Wisconsin Relay 711](https://wisconsinrelay.com/) - <https://wisconsinrelay.com> or visit our administrative office at 1234 Center Street, City, WI 11111. For more information, visit <https://www.cityofUSA.com> A complaint may also be filed directly with the following:* + Wisconsin Department of Transportation (WisDOT), Senior Title VI and ADA Coordinator, Phone: (608) 266-8129, TTY (800) 947-3529, Fax: (608)267-3641, Email: taqwanya.smith@dot.wi.gov, 4822 Madison Yards Way, 5th Floor South, Madison, WI 53705. For more information, visit <https://wisconsindot.gov/Pages/doing-bus/civil-rights/titlevi-ada/filingcomplaint.aspx>
	+ U.S. Department of Transportation, Federal Transit Administration (FTA), Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590, Phone: 1-888-446-4511 or 711(Relay), email: FTACivilRightsCommunications@dot.gov

If information is needed in another language, contact XXX-XXX-XXXX.Si se necesita informacion en otro idioma de contacto, XXX-XXX-XXXX.Yog muaj lus qhia ntxiv rau lwm hom lus, hu rau XXX-XXX-XXXX. |

**Website Statement**:

The **City of USA** operates its programs and services without regard to race, color, national origin, disability, sex, age, religion, income status or limited English proficiency (LEP) in accordance with Title VI of the Civil Rights Act, Americans with Disabilities Act (ADA), and related nondiscrimination authorities. For more information on the **City of USA’s** civil rights program, ADA obligations, and the procedures to file a complaint, contact (insert name), email name@emailaddress.com, (XXX)XXX-XXXX. For hearing impaired, please use Wisconsin Relay 711 service [https://wisconsinrelay.com](https://secure-web.cisco.com/19QB8PnU9Ll33nyrcwqMvKwsP8N8gMEtPOp5v1IYOpTbbm535b3fxc7B5to02AGvJfGsEpvGA9W6GFOiq-zkNDFX1nXqEagbR_GuVh3H3OLAOmRDlu-Gl5UtASHmDme_0YjmJzA5EbomVP2UycgTAqj2rC-Y5Of-37xUpmWSlWO3IBcvLJJwXUp-oe0_B5C1hoaSovkfN0mq6r4KZ3eVwqNze6fecmNMzDaSoHzr5IXzfl5cxRVI2L9PHeTcj-EVXPU9LW8SrbQrhKBF3HLfpK0uTkNCY4hgwhPluduus7oJCAs5Xn8Wxc3NUGSPw3Oyz/https%3A//wisconsinrelay.com).

# Appendix 2

# Complaint Procedure

The **City of USA’s** Complaint Procedure is made available in the following locations:

Agency website, either as a reference in the *Notice of Nondiscrimination* or in its entirety

Agency office (specify location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Any person who believes they’ve been discriminated against on the basis of race, color, national origin, disability, sex, age, religion, income status, or limited English proficient (LEP) by the **City of USA** may file a complaint by completing and submitting the **City of USA’s** Complaint Form.

The Complaint Form may also be used to submit general complaints to the **City of USA**.

The **City of USA** investigates complaints received no more than **180** calendar days after the alleged incident. The **City of USA** will process complaints that are complete.

Once the complaint is received, the **City of USA** will review the complaint and work to resolve the complaint informally, if possible.

If the complaint warrants a formal civil rights complaint process, the **City of USA** will follow the steps listed in this complaint procedure. The **City of USA** may also use this formal procedure to address general complaints. If the **City of USA** determines it has jurisdiction the complainant will receive an acknowledgement letter stating the complaint will be investigated by the **City of USA** as a civil rights complaint.

The **City of USA** has **XX** business days to investigate the civil rights complaint. If more information is needed to resolve the case, the **City of USA** may contact the complainant.

The complainant has **XX** business days from the date of the letter to send requested information to the investigator assigned to the case.

If the investigator is not contacted by the complainant or does not receive the additional information within **XX** business days, the **City of USA** can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, one of two (2) letters will be issued 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 or ADA 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, the complainant has **XX** business days after the date of the letter or the LOF to do so.

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, then contact XXX-XXX-XXXX.

Si se necesita informacion en otro idioma de contacto, XXX-XXX-XXXX.

Yog muaj lus qhia ntxiv rau lwm hom lus, hu rau XXX-XXX-XXXX.

**Appendix 3**

# Complaint Log

# List of Complaints, Investigations and Lawsuits[[2]](#footnote-2)

The **City of USA** maintains a log to track and resolve transportation related civil rights complaints, investigations, and lawsuits.

|  |
| --- |
| **Check One:**  |
| **X** | Since the last update of this Title VI/ADA Nondiscrimination Plan, there has been no transportation related civil rights investigations, complaints, or lawsuits filed with the **City of USA**.* Because the **City of USA** has had no transportation related civil rights complaints, investigations, or lawsuits, the table below has no entries.
 |
|  | There has been transportation related civil rights investigations, complaints and/or lawsuits filed against us. *See list below. Attach additional information as needed.*  |

|  |
| --- |
| **Note:** The performance measure for tracking when an investigation begins and when its administratively closed is documented in the **Complaint Log** table below. **City of USA** will strive to complete the investigation within the timeframe specified in its **Complaint Procedure.** |

| **Type**ComplaintInvestigationLawsuit | **Date****Complaint Received** (Month, Day, Year) | **Complainant’s** **Contact Information**Name/Phone/ Email/Address  | **Basis of Complaint[[3]](#footnote-3)** | **Summary**Complaint Description | **Action Taken/** **Final Outcome** **if Resolved**List dates of action steps including the dates complaint/ investigation begins and is administratively closed. | **Status**Open/ Closed |
| --- | --- | --- | --- | --- | --- | --- |
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**Appendix 4**

**Complaint/Comment Form**

We want your feedback. If you would like to submit a complaint or comment, please complete this form, and submit it via email to Name, title.vi.complaint@city.of.us or in person at the address below.

**City of USA**

1234 Center Street

City, WI 11111

|  |
| --- |
| **Section A: Accessible Format Requirements** |
| Please check the preferred format for this document |
| [ ]  Large Print | [ ]  TDD or Relay | [ ]  Audio Recording | [ ]  Other (if selected please state what type of format you need in the box below) |
| Click or tap here to enter text.  |

You may also call us at XXX-XXX-XXXX. Please make sure to provide your contact information in order to receive a response.

|  |
| --- |
| **Section B: Contact Information** |
| Name Click or tap here to enter text. | Telephone Number (including area code) Click or tap here to enter text. |
| Address Click or tap here to enter text. | City Click or tap here to enter text. |
| State Click or tap here to enter text. | Zip Code Click or tap here to enter text. |
| Email Address Click or tap here to enter text. |
| Are you filing this complaint on your own behalf?  | [ ]  Yes  | [ ]  No |
| If no, please provide the name and relationship of the person for whom you are complaining and why you are completing the form on their behalf in the box below. |
| Click or tap here to enter text. |
| 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 C: Type of Comment**  |
| **What type of comment are you providing? Please check which category best applies.** |
| [ ]  Complaint | [ ]  Suggestion | [ ]  Compliment | [ ]  Other |
| **Which of the following describes the nature of the comment? Please check one or more of the check boxes.** |
| [ ]  Race | [ ]  Color | [ ]  National Origin | [ ]  Religion |
| [ ]  Age | [ ]  Sex | [ ]  Transportation Service | [ ]  Income Status |
| [ ]  Limited English Proficient (L.E.P) | [ ]  Americans with Disability Act (A.D.A) |

|  |
| --- |
| **Section D: Comment Details** |
| **Please answer the questions below regarding your comment** |
| Did the incident occur on the following type of service? *Please check any box that may apply.*  | [ ]  Paratransit | [ ]  Shared Ride Taxi | [ ]  Bus |
| What was the date of the occurrence?  | Click to add datein the following format**:** Day, month, year |
| What was the time of the occurrence? | Click to add the time |
| What is the name or identification of the employee or employees involved? | Click or tap here to enter text. |
| What is the name or identification of others involved, if applicable? | Click or tap here to enter text. |
| What was the number or name of the route you were on, if applicable?  | Click or tap here to enter text. |
| What was the direction or destination you were headed to when the incident occurred, if applicable? | Click or tap here to enter text. |
| Where was the location of the occurrence? | Click or tap here to enter text. |
| Was the use of a mobility aid involved in the incident? | [ ]  Yes  | [ ]  No |
| Please add any additional descriptive details about the incident.  | Click or tap here to enter text. |
| **In the box below, please explain as clearly as possible what happened and why you believe you were discriminated against.** |
| Click or tap here to enter text. |

|  |
| --- |
| **Section E: Follow-up** |
| May we contact you if we need more details or information? | [ ]  Yes  | [ ]  No |
| **If yes, how would you best liked to be reached? Please select your preferred form of contact below** |
|  [ ]  Phone  | [ ]  Email  | [ ]  Mail |
| **If you would prefer to be contacted by phone, please list the best day and time to reach you.** |
| Click here to add your preferred time | Click here to add your preferred day |
| Have you filed a complaint with any other federal, state, or local agencies? | [ ]  Yes  | [ ]  No |
| **If yes, list agencies and contact information (agency name, address, email, phone).** |
| Click or tap here to enter text. |

|  |
| --- |
| **Section F: Desired Outcome** |
| **Please list below, what steps you would like taken to address the conflict or problem.** |
| Click or tap here to enter text. |

|  |
| --- |
| **Section G: Signature** |
| **Please attach any documents you have which support the allegation. Then date and sign this form and send it to the City of USA.** |
| Name Click or tap here to enter text. | **Date:** Click to add datein the following format**:** Day, month, year |
| Signature Click or tap here to enter text. |

**Appendix 5**

**Public Involvement Plan**

The purpose of the **Public Involvement Plan** is to establish procedures that allow for, encourage, and monitor participation of all citizens within the **City of USA** service area including but not limited to low income and minority individuals, and those with limited English proficiency (LEP).

While traditional means of soliciting public involvement may not reach such individuals, or might not allow for meaningful avenues of input, the intent of this effort is to take reasonable actions to provide opportunities for historically under-served populations to participate in transportation decision making efforts.

**Goal**

The goal of public involvement is to offer real opportunities for the engagement of all citizens within the **City of USA** service area to participate in the development of plans, programs, and services.

**Strategies**

In order to promote inclusive public participation, the **City of USA** uses the following strategies, as appropriate.

* Coordination and Consultation
	+ Coordinate and consult with partners, stakeholders, program participants and their caregivers, and the public affected by the distribution of state and federal transit grant programs.
	+ Seek guidance and input from WisDOT on public involvement mechanisms and strategies.
	+ Maintain an electronic distribution list of all potential program participants, partners, stakeholders, etc.
* Accessibility and Information
	+ Meetings
		- Adhere to state and federal public hearing requirements
		- Provide a general notification of meetings, particularly forums for public input, in a manner that is understandable to all populations in the area.
		- Hold meetings in locations which are accessible and reasonably welcoming to all area residents including, but not limited to, low-income and minority members of the public.
		- Employ different meeting sizes and formats
		- Provide avenues for two-way flow of information and input from populations which are not likely to attend meetings.
	+ Make public information available in electronically accessible formats
	+ Use social media in addition to other resources 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.
* Timeliness
	+ Provide timely information about state and federal grant programs to affected program participants, the public, partner agencies, and other interested parties.
	+ Provide adequate notice of public involvement activities and time for public review and comment.
* Public Comment
	+ Work openly and diligently to incorporate public comments received and to notify respondents of final plans, reports, programs, etc.
	+ Provide for early, frequent and continuous engagement by the public

* Social/Environmental Justice
	+ Seek and consider the needs of those traditionally underserved by participating in outreach efforts that address the needs of minority persons, the elderly, persons with disabilities, limited English Proficient individuals, and low-income households.
	+ Determine what non-English languages and other cultural barriers exist to public participation within the **City of USA** service area.
* Training
	+ Participate in training to continuously improve the knowledge and understanding of civil rights and environmental justice principles.
* Evaluation
	+ Document and maintain records of public outreach efforts.
	+ Review the effectiveness of public participation activities.
	+ Seek news ways to providing public input opportunities.

**Participation Techniques**

The **City of USA** will use the following participation techniques as deemed appropriate. Participation techniques will be reviewed and modified each year, as necessary. If new techniques are tried and found to be successful, this list will be updated to include the new techniques.

* Booth at Community events (craft fair, festival, farmers market, parades, etc.)
* Advisory meetings and committees
* Direct mailings (letters, fliers, etc.)
* Website and social media
* Project-specific newsletter articles
* Public information meetings
* Legal advertisements
* Presentations to community partners, citizens/residents, etc.
* Press releases, meetings with local media representatives
* Surveys (telephone, internet, and public information meetings)
* Work with partner organizations

 **Public Outreach Activities**

The **City of USA** maintains a log/record of the various types of outreach activities it uses to promote inclusive public participation. On an annual basis, the **City of USA** reviews its log of outreach activities to determine if additional or different strategies are needed to promote inclusive public participation.

The direct public outreach and involvement activities conducted by the **City of USA** are summarized below. Information collected on the size, location, meeting format, number of attendees, etc. as well as the scope of the distribution method (e.g., information posted to social media, fliers in grocery stores and community centers, etc.) will be used for future planning efforts.

| **Summary of Outreach Activities** |
| --- |
| **Event Date** | **Name of** **Event/Activity**  | **Date Publicized**and **Communication****Method** (Public Notice, Posters, Social Media, etc.) | **Outreach Method** (Meeting, Focus Group,Survey, etc.). | **Staff** **Members Responsible** | **Notes** |
| Ongoing | Website, Facebook, Twitter | Website and Social Media Materials | Website and Social Media Materials | Agency Staff | Insert website here |
| Ongoing | Transportation Routes Update | Newspaper, Website, Social Media, Community Resource Guides (ADRC) | Advertisement/ Transportation Route Summary | Insert name |  |
| Ongoing | Council Meetings | Publish/Post Meeting on Website, social media, and three public places | Public Meeting  | City Administrator |  |
| Insert dates | Community Events, e.g., Wellness Fair, Open House, Farmers Market | Posters, Brochures, Flyers | Informational Booth, Ongoing methods vary e.g., farmers market, community day, etc. | Agency Staff | Insert Location of Events |
| Quarterly | Newsletter | Printed every quarter, and posted on website | Printed every quarter, and posted on website | Insert Names |  |
| Insert dates | Board Meetings | Advertise Board Meeting on website and newspaper | Public Meeting | Insert Names |  |
| Insert dates | ADRC Meetings, Transportation Coordination Committee Meetings | Advertise Board Meeting on website and newspaper | Public Meeting | Insert Name of attendees |  |
| Insert date | Yearly Surveys | Printed survey and distributed to riders/program participants | Survey | Insert Name |  |
| Ongoing | Informational letters Program Participants | Ongoing | Letters and Flyers | Insert Name |  |

**Appendix 6**

**Limited English Proficiency (LEP) Plan**

**Overview**

As a recipient of federal financial assistance, the **City of USA** is required to prepare a Limited English Proficiency (LEP) Plan to address its responsibilities relating to the needs of individuals with limited English language 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*](https://www.justice.gov/crt/fcs/TitleVI), and its implementing regulations which state that no person shall be subjected to discrimination on the basis of race, color, or national origin.

[Executive Order 13166 “Improving Access to Services for Persons with Limited English Proficiency”](https://www.justice.gov/crt/executive-order-13166), issued in 2000 clarified Title VI of the Civil Rights Act of 1964. It stated that individuals who do not speak English well and who have a limited ability to read, write, speak, or understand English are entitled to language assistance under Title VI in order to access public services or benefits for which they are eligible. While most individuals in Wisconsin read, write, speak, and understand English, for some individuals English is not their primary language. If these individuals have a limited ability to read, write, speak, or understand English, they are considered Limited English Proficient (LEP).

The US DOT “[Policy Guidance Concerning Recipients’ Responsibilities to LEP Persons](https://www.transportation.gov/civil-rights/civil-rights-library/policy-guidance-concerning-recipients-responsibilities-limited)” discusses the concept of “safe harbor” with respect to the requirements for translation of written materials. The *Safe Harbor Threshold* is calculated by dividing the population estimate for a language group that “Speaks English less than very well” by the total population of the county. The *LEP Safe Harbor Threshold* provision stipulates that for each LEP group that meets the LEP language threshold (5% or 1,000 individuals, whichever is less, of the population to be served) the **City of USA** must provide translation of vital documents (e.g., Notice of Nondiscrimination, Complaint Procedure and Complaint Form) in written format for non-English speaking persons.

Recipients of federal financial assistance are also required to implement LEP plans in accordance with guidelines of the federal agency from which the funds are provided. [FTA Circular 4702.1B – Title VI Requirements and Guidance for FTA Recipients](https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/FTA_Title_VI_FINAL.pdf) provides guidance and instructions for LEP Plan development.

**Plan Summary**

The **City of USA** has developed this *Limited English Proficiency Plan* to identify reasonable steps for providing language assistance to persons with limited English proficiency (LEP) who wish to access services provided by the **City of USA**.

This plan outlines how to identify a person who may need language assistance, how to inform LEP persons language assistance is available, the ways in which assistance may be provided, and staff training.

**Plan Components**

As a recipient of federal US DOT funding, the **City of USA** is required to take reasonable steps to ensure meaningful access to programs and activities by LEP persons.

This plan includes the following elements:

1. The results of the *Four Factor Analysis*, including a description of the LEP population(s), served.
	* **Demography** of LEP persons who may be served or are likely to encounter an LAPC program or service.
	* **Frequency** of contact with LEP persons
	* **Importance** of program to LEP persons
	* **Resources and costs** to provide LEP assistance
2. A description of the following:
	* How language assistance services are provided.
	* How LEP persons are informed of the availability of language assistance services.
	* How the language assistance plan is monitored and updated.
	* How employees are trained to provide language assistance to LEP persons.

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| **Meaningful Access - Four Factor Analysis** |

To prepare this plan, the **City of USA** conducted a four-factor analysis which considers the following:

***Factor 1 - Demography***

**Number and proportion of LEP persons who may be served or are likely to encounter a City of USA program or service.**

This plan uses [US Census Bureau – American Fact Finder (2011-2015)](https://wisconsindot.gov/Documents/doing-bus/local-gov/astnce-pgms/transit/compliance/title6-lep.pdf) language data available at the county level in Wisconsin. More data is available on the [US Census Bureau ACS website](https://www.census.gov/programs-surveys/acs.html).

The US Census Bureau – American Fact Finder (2011-2015) data shows there are numerous languages spoken in (insert county name). Some of these languages include (list languages spoken here, e.g., Spanish, German, Russian, Chinese, Hmong, Arabic, and Tagalog. After English, the second largest language group is Spanish.

The Safe Harbor Threshold is calculated by dividing the population estimate for a language group that “speaks English less then very well” by the total population of the county. The LEP Safe Harbor Threshold provision stipulates that for each LEP group that meets the LEP language threshold (5% or 1,000 individuals, whichever is less), the **City of USA** must provide translation of vital documents in written format for non-English speaking persons.

US Census data shows that in(insert county name), with a population estimate of (insert total population, e.g., 34,579), (insert number of persons (e.g., 381) ‘speaking English less than very well’ in a specific language group, e.g., Spanish) persons have identified themselves as Spanish speaking and “speaks English less than very well”.

Option 1 - The Spanish language group is less than 1% and below the 5%, or 1,000 persons threshold of the population to be served. This means the **City of USA** is not required to provide written translation of vital documents.

Option 2 - The Spanish language group is greater than the 1,000 persons threshold of the population to be served. This means the **City of USA** is required to provide written translation of vital documents in Spanish. See translated vital documents attached. List and discuss additional language groups that exceed the Safe Harbor Threshold.

All other language groups listed above are also below the Safe Harbor Threshold. This means, at this time, the **City of USA** is not required to provide written translation of vital documents in these languages.

In the future, if the **City of USA** meets the Safe Harbor Threshold for any language group, it will provide written translation of vital documents in such languages and consider measures needed for oral interpretation.

***Factor 2*** *–* ***Frequency***

**Frequency of contact with LEP persons.**

The **City of USA** and its contractor and volunteers provide transportation service for the **City of USA** and in (insert county name).

The **City of USA** reviewed the frequency with which its staff, policy board, contractor, and volunteers have or could have contact with LEP persons in the conduct of **City of USA** activities. This includes a review of documented phone inquiries, office visits, and encounters at public meetings and community events. Within the last year, **City of USA** staff, policy board, contractor, and volunteers had (insert number) requests for interpreters and (insert number) requests for translated program documents in any setting.

**City of USA** staff, policy board, contractor, and volunteers are trained on what to do when they encounter a person with limited English proficiency.

The **City of USA** staff with assistance from its policy board, contractor and volunteers tracks the number of encounters and considers adjustments to its outreach efforts to ensure meaningful access to all persons and specifically to LEP and minority populations of the **City of USA’s** programs and services. The *Log of LEP Encounters* is a tool to help track LEP encounters **(Appendix 7).**

**Log of LEP Encounters**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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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If a language barrier were to exist, **City of USA** works to provide a reasonable accommodation. The *“I Speak” Language Identification Card* listed shown below is a document that can be used by **City of USA** staff to assist LEP individuals. Additional languages can be added, as needed, to match the demographic changes of the **City of USA’s** service area. The languages included in the *“I Speak” Language Identification Card* below represent languages spoken within the **City of USA** service area.

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

| **Mark this box if you speak….** | **Language Identification Chart** | **Language** |
| --- | --- | --- |
|  | I speak English | English |
|  | Yo hablo español | Spanish |
|  | Kug has lug Moob | Hmong |
|  | 我說中文 | ChineseSimplified |
|  | E nói tiếng Việt | Vietnamese |
|  | 나는한국어를 | Korean |
|  | Marunong akong mag-Tagalog | Tagalog |
|  | Ich spreche Deutsch  | German |
|  | Я говорю по-русски | Russian |
|  | Ја говорим српски | Serbian |
|  | मैं हिंदी बोलते हैं | Hindi |
|  | میں نے اردو بولتے ہیں | Urdu |

Note: For additional languages visit the LEP.gov website

 <https://www.lep.gov/sites/lep/files/media/document/2022-06/i-speak-booklet.pdf>

***Factor 3 – Importance***

**Nature and importance of program to LEPs.**

It is imperative that language assistance be provided to ensure LEP individuals have access to essential services, and transportation plays a key role in connecting LEP persons to these services. Public transportation fare/service changes and eligibility requirements should be communicated to LEP individuals so they can access the essential programs and services. It is also important that LEP individuals understand their full rights and benefits when accessing transportation program and services to ensure they have been treated fairly and can identify and report discrimination if they are not.

**City of USA** assessment of critical needs includes contact with community organization(s) that serve LEP persons, as well as contact with LEP persons themselves to obtain information on the importance of the modes or the types of services that are provided to the LEP populations.

With improving outreach activities, **City of USA** is working to increase contact with LEP individuals at public involvement meetings and activities.

***Factor 4* *– Resources and Costs***

**Resources available and overall cost to provide LEP assistance.**

Given the small size of LEP encounters and small LEP populations, full multi-language translations of our programs and services related to transportation services is not warranted at this time. However, this information can be made upon request. The **City of USA** will contact state and local units of government and community resources for assistance in translation services.

Even though the **City of USA** does not have a separate budget for LEP outreach, it continuously explores ways to implement methods of notifying LEP persons of transportation services. Outreach efforts include maintaining a website, utilizing social media, developing, and printing brochure/materials, and having a visible presence in our community (e.g., participating in job fairs, parades, community events, etc.) to promote transportation services. Additional outreach methods to reach LEP communities include but are not limited to activities such as visiting ethnic stores/markets and restaurants, community centers, libraries, faith-based institutions, and local festivals. The cost is relatively low but the ability to reach the LEP population is high.

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| **Language Assistance Services**  |

**Overview - Language Assistance Services**

If a person does not speak English as their primary language and is LEP, that person is entitled to language assistance with respect to accessing **City of USA’s** programs and services. Language assistance can include interpretation and/or translation from one language into another language.

**City of USA** will take reasonable steps to provide the opportunity for meaningful access to LEP individuals who have difficulty communicating in English.

**City of USA** strives to offer the following measures when encountering LEP persons:

* Post Title VI, LEP, and ADA information on the **City of USA** website.
* Day to day operations:
	+ Utilize the *“I Speak” Language Identification Card* or posters to identify the language and communication need of LEP persons.
	+ Maintain a *Log of LEP Encounters* to capture information on the frequency of contact with LEP individuals to determine whether additional language assistance services are needed.
* At public meetings or other community events:
	+ On public meeting notice, include the statement “language interpretation or translation services are available with XX days’ advance notice. – Delete if N/A
	+ Greet participants as they arrive at **City of USA** public meetings or community events.
	+ Make “I Speak” language identification cards available at sponsored events.
		- By informally engaging participants in conversation or by using language identification “I Speak” Language identification Card, it is possible to gauge each attendee’s ability to speak and understand English. Although translation may not be able to be provided at the event it will help identify the need at future events.
	+ Maintain a Log of LEP Encounters at public meetings or other community events.
* Utilize Wisconsin Relay 7-1-1, the state of Wisconsin resource to assist with communication needs for individuals that are deaf, hard of hearing, deafblind, or those with a speech disability <http://www.wisconsinrelay.com/> and <http://www.wisconsinrelay.com/features>
* Translation Services
	+ Provide assistance with language translation/interpretation by calling **City of USA** staff at XXX-XXX-XXXX. **City of USA** has a contract with Certified Languages International for language interpreter services. – Delete if N/A
	+ Seek translation assistance from community organizations such as:
		- Hispanic Resource Center of (insert city/county name)
		- Hmong American Center, 715-842-8390, <https://www.hmongamericancenter.org>
		- Multicultural Center
* Utilize online resources such as Google Translate to assist with translation requests. The main downside of this approach is accuracy. As such, this option will be used by **City of USA** on limited basis. Instead, **City of USA** will seek assistance from fluent speakers.
* Make translated versions (or provide for the interpretation of relevant sections) of all documents/publications available upon requests, within a reasonable time frame.
* Prioritize the hiring of bilingual staff, as needed.

**Public Outreach – Informing LEP Persons of Language Assistance Services**

The **City of USA** uses the following steps to inform LEP persons of the availability of language assistance services:

* Posts the Title VI/ADA *Notice of Nondiscrimination* on its website. The notice includes a sentence written in Spanish and Hmong providing instructions on how to contact the **City of USA** to request information in another language.
* When encountering LEP persons directly, **City of USA** staff will use the *“I Speak” Language Identification Card* to identify the language and communication needs of LEP persons.
	+ **City of USA** may not be able to immediately accommodate or assist individuals self-identifying as a person not proficient in English but will seek means to follow up with the individual to address their needs in the language requested as soon as possible.
* Review outreach activities and information gathered from the *Log of LEP Encounters* on the frequency of contact with LEP individuals to determine whether additional language assistance services are needed.
* Develop and maintain cooperative relationships with key agencies/community organizations that serve LEP populations in the area or region. These entities can assist in providing or verifying translations and/or identifying gaps in assistance to persons with LEP needs.
	+ Utilize translation services such as:
		- **City of USA’s** contract with Vendor (insert name and contact info) to provide translation services – Delete if N/A
		- Hispanic Resource Center of (insert phone, website, city/county name)
		- Hmong American Center, 715-842-8390, <https://www.hmongamericancenter.org>
		- Multicultural Center of (insert phone, website, city/county name)
* Utilize Wisconsin Relay 7-1-1, the state of Wisconsin resource to assist with communication needs for individuals that are deaf, hard of hearing, deafblind, or those with a speech disability <http://www.wisconsinrelay.com/> and <http://www.wisconsinrelay.com/features>

**Monitoring, Evaluating and Updating the Plan**

The **City of USA** will review the LEP Plan on an annual basis and examine the following:

* The number of documented LEP person contacts.
* How the needs of LEP persons have been addressed.
* Determine whether the need for translation services has changed.
* Determine which existing language assistance services are effective and sufficient to meet the needs of LEP persons.
* Determine whether complaints have been received concerning the **City of USA’s** failure to meet the needs of LEP individuals.
* Sufficiency of staff training.
* Review of any new opportunities for LEP communication.
* Determine whether financial resources are needed to fund language assistance services.

**Training Staff**

The following training will be provided to **City of USA** staff:

* Information on the **City of USA’s** Title VI/ADA Non-Discrimination Plan and LEP responsibilities.
* Description of language assistance services offered to the public.
* Use of the “I-Speak Card” as a tool to assist LEP individuals.
* Documentation of language assistance requests using the *Log of LEP Encounters.*
* How to handle Title VI/ADA Non-Discrimination and LEP complaints.

**Appendix 7**

**Limited English Proficient (LEP) Tools**

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

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

|  |  |  |
| --- | --- | --- |
| **Mark this Box if you speak…** | **Language Identification Chart** | **Language** |
|  | I speak English | English |
|  | Yo hablo español | Spanish |
|  | Kug has lug Moob | Hmong |
|  | 我說中文 | ChineseSimplified |
|  | E nói tiếng Việt | Vietnamese |
|  | 나는한국어를 | Korean |
|  | Marunong akong mag-Tagalog | Tagalog |
|  | Ich spreche Deutsch  | German |
|  | Я говорю по-русски | Russian |
|  | o magsalita ng Tagalog | Tagalog |
|  | मैं हिंदी बोलते हैं | Hindi |
|  | میں نے اردو بولتے ہیں | Urdu |

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

**Log of LEP Encounters**

| **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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**Language Translation Request Log**

| **Date** | **Language Spoken By Individual***(if available)* | **Name and Phone Number****of Individual***(if available)* | **Service Requested** | **Follow Up Actions** **(Was Translation Services Provided?** | **Staff Member****Providing Assistance** | **Notes** |
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**Appendix 8**

**Demographic Representation Information[[4]](#footnote-4)**

1. **Demographic Representation Table[[5]](#footnote-5)**

[FTA Title VI Circular 4702.1B](https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/FTA_Title_VI_FINAL.pdf) requires recipients which have transportation-related, non-elected boards, advisory council or committees, or similar bodies, to report membership of these committees broken down by race and include a description of efforts made to encourage the participation of minorities on these committees.

The table below depicts US Census county population data by race in \_\_\_ County and the membership of the **City of USA’s** transportation related non-elected committee/council/board.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Body | Caucasian | Hispanic/ Latino | Black/ African American | Asian American | Native American | Some Other Race | No Response |
| County Population | 84% | 6% | 4% | 2.5% | 2.5% | 1% | --- |
| USA Citizens Advisory Council | 100% | 0% | 0% | 0% | 0% | 0% | --- |
| USA Transportation Committee | 89% | 4% | 3% | 2% | 1% | 1% | 0% |

**B. Efforts to Encourage Minority Participation**

**City of USA** understands diverse representation on committees, councils and boards results in sound policy reflective of its entire population. As such, **City of USA** encourages participation of all its citizens. As vacancies on non-elected committees, councils, and boards become available, **City of USA** will make efforts to encourage and promote diversity.

To encourage participation on its committees, councils, and boards the **City of USA** will continue to reach out to community organizations to connect with all population groups in its service area. In addition, **City of USA** will use creative ways to make participating realistic and reasonable, such as scheduling meetings at times best suited to its members.

*Demographic Representation Data Collection Form***[[6]](#footnote-6)**

NA - This is an optional tool to gather information on the racial composition of Board members.

**Name of board, commission, council, etc.**

Date:

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

Dear Member,

The **City of USA**, as a recipient of federal funds is required under Title VI of the Civil Rights statue to ascertain the racial/ethnic make-up of any non-elected boards, commissions, councils, etc.

Data from this section is used for statistical and reporting purposes. The information may be subject to disclosure under federal or state law or rule.

**Anti-Discrimination Notice**

It is unlawful for **City of USA** to fail or refuse to provide services, access to services or activities, or otherwise discriminate against an individual because of an individual’s race, color, religion, sex, national origin, disability, or veteran status.

As a council under the jurisdiction of **City of USA**, we invite council members to voluntarily self-identify their race/ethnicity for us to comply with FTA Title VI and LEP requirements. This information will be used according to the provisions of applicable federal and state laws, executive orders and regulations, including those requiring the information to be summarized and reported to the federal government for civil rights enforcement purposes.

**Race/Ethnicity**

If you choose to self-identify, please mark the **one box** describing the race/ethnicity category with which you primarily identify:

\_\_\_ *Asian or Pacific Islander*: All persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

\_\_\_ *Black and/or African American* (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

\_\_\_ *Hispanic:* All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

*\_\_\_ American Indian or Alaskan Native*: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

*\_\_\_ Caucasian* (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

1. **Title VI of the Civil Rights Act of 1964** states “No person in the United Sates shall, on the grounds of race, color or national origin, be excluded from, participation in, denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” – [Title 42 USC Section 2000d](https://www.justice.gov/crt/fcs/TitleVI-Overview) [↑](#footnote-ref-1)
2. **Lawsuit:** The protected class under Title II is disability. The protected classes under Title VI are Race, Color and Nation Origin. [↑](#footnote-ref-2)
3. **Basis of Complaint:** Specify Race, Color, National Origin, Disability, Religion, Sex, Age, Service, Income Status, Limited English Proficient (LEP), Safety, Other [↑](#footnote-ref-3)
4. If **City of USA** has transit-related, non-elected planning boards, advisory councils or committees, or similar bodies, the membership of which is selected by **City of USA**, Title VI regulations require **City of USA** to provide a table depicting the membership of those committees broken down by race and a description of efforts made to encourage the participation of minorities on such committees. [↑](#footnote-ref-4)
5. County data by race is available at the WisDOT website <https://wisconsindot.gov/Documents/doing-bus/local-gov/astnce-pgms/transit/compliance/title6-race.pdf> or the US Census Bureau website <http://data.census.gov> [↑](#footnote-ref-5)
6. This form is an optional tool **City of USA** can use to gather information on the racial composition of its committee members for the purposes of meeting the Title VI/ADA plan requirements.  [↑](#footnote-ref-6)