

Federal Transit Administration Non-Discrimination Program

Agency Name

Month, date, year

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

Non-Discrimination Plan Table of Contents

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Section 1: Non-Discrimination Plan Approval

Non-Discrimination Plan Adopted on: _____ (insert date)

Adopted by: _____
 Name of Board or appropriate governing entity or officials, include minutes where Board approves policies, including a list of members in attendance.

Signature(s): _____

Print Name of signature above _____

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.

Non-Discrimination Plan Revision Log

Date Month/day/year	Section Revised	Summary of Revisions

Notificación al público de derechos bajo el no discriminación

- El Agency Name opera sus programas y servicios sin distinción de raza, color y origen nacional, según el no discriminación. Cualquier persona que cree o que ha sido perjudicada por una práctica discriminatoria ilegal bajo el Título VI o no discriminación puede presentar una queja con el Agency Name.
- Para obtener más información sobre el programa de derechos civiles de Agency Name, o para obtener más información sobre los procedimientos para presentar una queja llame al agency phone numbers, agency email o visite nuestra oficina administrativa en agency address.
- Un demandante puede presentar 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 presentar 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 con agency phone number.

Section 4: Non-Discrimination Complaint Procedure

The Agency Name's Non-Discrimination 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: [insert website address here]
- 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 Agency Name may file a non-discrimination complaint by completing and submitting the agency's non-discrimination Complaint Form. File initial complaint with Title of person receiving complaint at Agency Name

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 Agency Name 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 Agency Name will review it to determine if our office has jurisdiction. (A copy of each non-discrimination 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 Agency Name has 45 days to investigate the complaint. If more information is needed to resolve the case, the Agency Name 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 or other discriminatory 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 XXXXXX.

Procedimiento de Queja no discriminación

El formulario de queja del no discriminación del agency name está disponible en las siguientes ubicaciones:

- Pagina web de la agencia
- Copia impresa localizada en la oficina central

Cualquier individuo, grupo de individuos o entidad que crea que ha sido objeto de discriminación por motivos de raza, color, nacionalidad o discapacidad por el agency name puede presentar una queja del no discriminación al completar y enviar el formulario de queja del no discriminación correspondiente a la agencia. Este documento debe ser enviado a la dirección indicada en el formulario de queja. Presente la queja inicial con person/title receiving complaint en agency name.

Cualquier individuo que haya presentado una queja o participe en la investigación de alguna queja no deberá ser sujeto a ninguna forma de intimidación o represalias. Aquel individuo que considere que ha sido sujeto de intimidación o de represalias puede llenar un formulario de queja para represalias siguiendo el mismo procedimiento que para una queja de discriminación.

Esta queja deberá ser presentada a través de la Oficina de Programas de Cumplimiento del agency name en un periodo de no más de 180 días después de lo siguiente:

1. La fecha del presunto acto de discriminación; o
2. La fecha en la que la persona (s) se percataron del presunto acto de discriminación; o
3. Cuando se ha detectado que el acto de discriminación se ha convertido en una conducta repetitiva. En estos casos se incluirá la fecha del último acontecimiento.

Una vez que se reciba la queja, el/la Coordinador del no discriminación del agency name lo revisará para determinar si nuestra oficina tiene jurisdicción. El demandante recibirá una carta de notificación en la cual se le hará saber si la queja será investigada por nuestra oficina.

El/la Coordinador del no discriminación del agency name tendrá 45 días para investigar la queja. Si se necesita más información para resolver el caso, el/la Coordinador (a) del no discriminación podría contactar al demandante.

Después de que el/la Coordinador del no discriminación revise la queja, emitirá 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 la cual indicará que no hubo una violación del no discriminación y por tal motivo el caso será cerrado.
- Una carta de hallazgo resumiendo las alegaciones y las entrevistas sobre el supuesto incidente en esta misma carta se le explicará al demandante si se llevará a cabo alguna acción disciplinaria, entrenamiento adicional al personal o se tomará alguna otra acción necesaria.

Si el demandante desea apelar la decisión, el tendrá 180 días después de la fecha marcada en la carta de cierre o de la carta de hallazgo para hacerlo. El/la Coordinador, Cynthia Douglas (225)379-1923, del Título VI/ ADA analizará los hechos del caso y emitirá su conclusión al apelante en un periodo de 60 días después de haber recibido la apelación.

Section 5: No discriminaci3n 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 Agency Name's non-discrimination Complaint Procedure is made available in the following locations:

- Agency website, if available: [insert website address here]
- 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):			
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Disability
Date of Alleged Discrimination (Month, Day, Year) _____			
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.			
Section IV			
Have you previously filed a non-discrimination 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?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, check all that apply:		
<input type="checkbox"/> Federal Agency: _____		
<input type="checkbox"/> Federal Court _____		<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____		<input type="checkbox"/> 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, contact XXX-XXX-XXXX.
Please submit this form in person at the address below, or mail this form to:

Agency Name
Agency Contact Person, Title of Contact Person
Agency Address

Formato de Reclamo del no discriminación del agency name	
Sección I:	
Nombre: _____	
Dirección: _____	
Teléfono (Casa/Celular): _____	Teléfono (Trabajo): _____
Dirección de correo electrónico: _____	
Sección II:	
¿Está usted presentando esta queja en su propio nombre: <input type="checkbox"/> Sí <input type="checkbox"/> 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:	
<p>¿Se ha obtenido el permiso de la parte perjudicada, si usted está presentando en nombre de un tercero: <input type="checkbox"/> Sí <input type="checkbox"/> No</p>	
Sección III:	
Creo que la discriminación que experimenté fue basado en (marque todo lo que corresponda): <input type="checkbox"/> Raza <input type="checkbox"/> Color <input type="checkbox"/> Origen Nacional <input type="checkbox"/> 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 no discriminación con el agency name?

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 : _____

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/compañía de queja es contra: _____

Persona de contacto: _____

Título: _____

Teléfono: _____

Firma: _____

Fecha: _____

Por favor, envíe este formulario en persona en la dirección indicada más abajo:

Agency Name
Agency Contact Person, Title of Contact Person
Agency Address

Section 6: List of Transit Related Non-Discrimination Investigations, Complaints and Lawsuits

The Agency Name maintains a list or log of all non-discrimination investigations, complaints and lawsuits, pertaining to its transit-related activities.

Check One: (One of these must be checked. If there have been investigations, lawsuits and/or complaints the chart must be filled out)

There have been no investigations, complaints 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 Agency Name 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 Agency Name since the last Non-Discrimination Program submission are summarized in the table below. (If this is your first Non-Discrimination 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	Agency Name Staffer(s)	Activity	Communication Method (Public Notice, Posters, Social Media)	Notes

Section 8: Language Assistance Plan

Plan Components

As a recipient of federal US DOT funding, the Agency Name 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 Agency Name'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 Agency Name 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 Agency Name's will identify:

- (a) How LEP persons interact with the recipient's agency;
- (b) 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;
- (c) 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 Agency Name's 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 Agency Name's program and services impact the lives of person's within the community. The Agency Name 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 Agency Name uses to provide outreach to LEP persons as well as train staff (and transit provider/lessee, if applicable) on Title VI and LEP principles.

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 Agency Name's staff reviewed the American Community Survey data <https://www.census.gov/programs-surveys/acs> and determined that XXXX (XX%) persons in the Parish speak a language other than English. In Parish, of the XXXXX persons with limited English proficiency, XXXX (XX%) 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.

Agency Name assessed the frequency with which staff and drivers have, or could have, contact with LEP persons. Agency Name provides approximately XXXXXX 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 Agency Name's programs are important; however, those related to safety, public transit, nondiscrimination and public involvement are among the most important. The Agency Name 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 Agency Name will strive to provide a alternative but meaningfully accessibility. Moreover, the Agency Name 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 Agency Name makes every effort to make its programs, services, and activities, accessible to LEP individuals. The Agency Name will use available resources, both internal and external to accommodate reasonable requests for translations.

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

The Agency Name has identified, developed, and uses the following:

- a) 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.
- b) The Agency Name 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.
- c) A list of web-based translation services can be provided by contracting the Human Resources Department.

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 Agency Name's language assistance measures, Agency Name 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.

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

Agency Name 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 Agency Name 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 Agency Name's financial resources are sufficient to fund language assistance resources needed.
- Determine whether Agency Name has fully complied with the goals of this LEP Plan.
- Determine whether complaints have been received concerning Agency Name's failure to meet the needs of LEP individuals

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

The following training will continue to be provided to Agency Name staff:

- Information on the Agency Name 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 (include website and/or phone number if over the phone interpretation provider).
- How to handle a potential Title VI / LEP complaint.

Limited English Proficient (LEP) Resource Materials:

LEP Policy

Agency name 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.

Agency name 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.

“I Speak” Language Identification Card

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 noui ñoõic Vieät Ngõõ.	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

Note: For additional languages visit the US Census Bureau website <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 <i>(if available)</i>	Name and Phone Number of Individual <i>(if available)</i>	Service Requested	Follow Up Required	Staff Member Providing Assistance	Notes

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.

A. 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

(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 Non-discrimination 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?

No, the agency does not have subrecipients.

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

Agency Name monitors subrecipients using the following process:

1. 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. Agency Name collects non-discriminations programs from the subrecipients listed above and reviews programs for compliance by (list the process here)

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

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

No, the agency has not built a facility.

Yes, the agency has built a facility and completed an 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 non-discrimination plan a copy of the 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.

NA

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

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?	<input type="checkbox"/> Y <input type="checkbox"/> N
2) A description of the procedures by which the mobility needs of minority populations are identified and considered within the planning process?	<input type="checkbox"/> Y <input type="checkbox"/> N
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?	<input type="checkbox"/> Y <input type="checkbox"/> N
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.	<input type="checkbox"/> Y <input type="checkbox"/> N
Comments:	

