***Federal Transit Administration***

***Title VI Program***

**Abilities Services, Inc.**

**December 7, 2023**

(Plan expires 3 years from date approved by the board)

**Title VI Plan Table of Contents**

The **Abilities Services, Inc,** Title VI plan includes the following elements:

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| 1. Plan Approval, Annual Certifications and Assurances, Revision Log 2. Policy Statement 3. Notice to the Public 4. Complaint Procedure 5. Complaint Form 6. List of transit related Title VI Investigations, Complaints and Lawsuits 7. Public Participation Plan 8. Language Assistance Plan 9. Minority Representation Table and Description 10. Providing Assistance to and Monitoring Subrecipients 11. Title VI Equity Analysis for Facility Acquisition 12. Fixed Route Transit Provider Requirements |

**Section 1: Title VI Plan Approval & Compliance Requirements**

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| --- | --- |
| Title VI Plan Adopted on: | December 7, 2023 |
| Adopted by: | ASI Board of Directors |

Signature(s): Norm Reimondo, Board President

Approval: On December 7, 2023, Norm Reimondo, Board President, opened discussion for Title VI plan and all of the included FTA/ASI Policies. After discussion, a motion was made to vote on all of the submissions by Gary Wehr, and then seconded by Loren Myers. The Board President called the board to a vote – there was an unanimous approval of the Title VI and policies with none opposed.

## **Annual Certifications and Assurances**

In accordance with 49 CFR Section 21.7(a), every application for financial assistance from FTA must be accompanied by an assurance that the applicant will carry out the program in compliance with Title VI regulations. This requirement shall be fulfilled when the applicant/recipient submits its annual certifications and assurances. Primary recipients will collect Title VI assurances from sub-recipients prior to passing through FTA funds.

Abilities Services, Inc, will remain in compliance with this requirement by annual submission of certifications and assurances as required by INDOT.

The date of last submission of these certifications and assurances (at the time of this Plan’s approval) is: February 24, 2021.

**Title VI Plan Revision Log**

|  |  |  |
| --- | --- | --- |
| **Date**  Month/day/year | **Section Revised** | **Summary of Revisions** |
| June 2020 | Title VI Plan updated | All elements per every 3-year revision required |
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**Section 2: Title VI Policy Statement**

**Policy Statement**

The Abilities Services, Inc, operating as a demand response transit provider, as a recipient of Federal Transit Administration (FTA) grant dollars either directly from FTA or through the Indiana Department of Transportation (INDOT), will comply with the Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), the U.S. Department of Transportation implementing regulations, FTA Circular 4702.1B, and INDOT Public Transportation requirements as specified in Master Grant Agreement, and State Management Plan. The **Abilities Services, Inc,** operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act.

**Section 3: Notice to the Public**

# Title VI Notice to the Public

The **Abilities Services, Inc,** Notice to the Public is as follows:

|  |
| --- |
| **Notifying the Public of Rights Under Title VI**  Abilities Services, Inc.  The **Abilities Services, Inc,**  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 **Abilities Services, Inc**.  For more information on the **Abilities Services, Inc,** civil rights program, the procedures to file a complaint, or to file a complaint, please contact **Director of Human Resources** at **765/362-4020**, email Cathy.Stephens@asipages.com or visit our administrative office at 1237 Concord Road, Crawfordsville, IN, 47933. For more information, visit **www.asipages.com.**  For transportation-related Title VI matters, a complaint may also be filed directly with the:  Indiana Department of Transportation, Attn: Kimberly Ray, INDOT Title VI Program Manager, 100 North Senate Avenue, Indianapolis, IN 46204; 317-232-0924; [kiray@indot.in.gov](mailto:kiray@indot.in.gov)  Federal Transit Administration, Office of Civil Rights, Attention: Complaint Team, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.  If information is needed in another language, contact **765/362-4020.** |

The **Abilities Services, Inc,** Notice to the Public is posted in the public areas of the office and inside the transit vehicles.

Common area in Crawfordsville office

Once available – will post on the agency web page

Every Transit vehicle

**Section 4: Title VI Complaint Procedure**

The **Abilities Services, Inc’s** Title VI Complaint Procedure is made available in the following locations:

Agency website, if available: **www.asipages.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, or national origin by the **Abilities Services, Inc,** may file a Title VI complaint by completing and submitting the agency’s Title VI Complaint Form.

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 **Abilities Services, Inc,** 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 **Abilities Services, Inc,** will review it to determine if our office has jurisdiction. A copy of each Title VI complaint received will be forwarded to the Indiana Department of Transportation 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 **Abilities Services, Inc,** has 45 days to investigate the complaint. If more information is needed to resolve the case, the **Abilities Services, Inc,** may contact the complainant requesting further information. The complainant has **10** 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 **10** business days, the **Abilities Services, Inc,** can administratively close the case.

After the investigator reviews the complaint, the agency 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 it must direct the appeal to the agency initially. The complainant has **7** days after the date of the closure letter or the letter of finding to do so. If there is outstanding concern, the appeal may be directed to the state DOT or FTA. The appeal process information will be included in the letter.

A person may also file a complaint directly with the: Indiana Department of Transportation, Attn: Kimberly Ray, INDOT Title VI Program Manager, 100 North Senate Avenue, Indianapolis, IN 46204;

317-232-0924; [kiray@indot.in.gov](mailto:kiray@indot.in.gov)

Or

Federal Transit Administration, Office of Civil Rights, Attention: Complaint Team, East Building,

5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.

If information is needed in another language, then contact **765/362-4020.**

**Section 5: Title VI Complaint Form**

Abilities Services, Inc., Title VI Complaint Procedure is made available in the following locations:

Agency website, if available: **www.asipages.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  Date of Alleged Discrimination (Month Day, Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Section IV** | | | | | | | | | | | |
| Have you previously filed a Title VI complaint with this agency? | | | | | | | Yes | No | | | |
| **Section V** | | | | | | | | | | | |
| Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?  [ ] Yes [ ] No  If yes, check all that apply:  [ ] Federal Agency:  [ ] Federal Court [ ] State Agency  [ ] State Court [ ] Local Agency | | | | | | | | | | | |
| Please provide information about a contact person at the agency/court where the complaint was filed. | | | | | | | | | | | |
| **Name:** | | | | | | | | | | | |
| **Title:** | | | | | | | | | | | |
| **Agency:** | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | |
| **Telephone:** | | | | | | | | | | | |
| **Section VI** | | | | | | | | | | | |
| Name of agency complaint is against: | | | | | | | | | | | |
| Contact person: | | | | | | | | | | | |
| Title: | | | | | | | | | | | |
| Telephone number: | | | | | | | | | | | |

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 765/362-4020.

Please submit this form to:

**Abilities Services, Inc.**

**Director of Human Resources**

**1237 Concord Road, PO Box 808**

**765/362-4020**

**www.asipages.com**

**Section 6: List of Transit Related Title VI Investigations, Complaints and Lawsuits**

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

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| --- | --- |
| **Check One:** | |
| 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 **Abilities Services, Inc,**  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):

* 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 **Abilities Services, Inc,**  since the last Title VI Program submission are summarized in the table below.

Specific Public Participation activities are listed in the table below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Event Date** | **Abilities Services, Inc.** Staffer(s) or Department | **Activity** | **Communication**  **Method**  (Public notice, posters, social media) | **Notes** |
| 04/24/23 | ASI Staff | Public Notice | Downtown Library | poster |
| 04/24/23 | ASI Staff | Public Notice | El Charro | visit |
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**Section 8:** **Language Assistance Plan**

***Plan Components***

As a recipient of federal US DOT funding, the **Abilities Services, Inc,** 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.

The **Abilities Services, Inc’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 **Abilities Services, Inc,** has conducted a *Four Factor Analysis* of the following areas: 1) Limited-English Proficient (LEP) Speaker 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 **Abilities Services, Inc’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 **Abilities Services, Inc,** 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: ASI’s Transportation** program contributes to the lives of all person’s served by providing transportation to a meaningful day program, vocational opportunities, community integration activities, and to medical appointments.

**Factor 4: The resources available to the recipient for LEP outreach, as well as the costs associated with the transportation are covered at each individual’s intake meeting. Families, caregivers, case managers, and person’s served learn upfront about the transportation services offered by the agency. Case managers and persons served meet quarterly to discus all opportunities at the agency.**

|  |
| --- |
| 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 able to utilize the service.**

Of the 35,673 residents in the **Abilities Services, Inc,**  service area, # residents describe themselves as speaking English less than “very well”. People of [most numerous ethnicity] descent are the primary LEP persons likely to utilize Abilities Services, Inc. services. For the Insert Agency Name service area, the latest U.S. Census Bureau data shows that among the area’s population 1.67% speak English “*less than very well*.” **For these groups** who speak English “less than very well”, 3.53% speak [Spanish, French, Haitian, Cajun, German, Russian, Polish, Slavic, Indo-European, Mandarin, Cantonese, Tagalog including Filipino, Asian and Pacific islands].

**LANGUAGE SPOKEN AT HOME FOR THE POPULATION 5 YEARS AND OVER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Montgomery County, Indiana*** | |  | |  |
| **Label** | | **Estimate** | | **Percent of County Population** |
| Total: | | 35,673 | |  |
| Speak only English | | 33,817 | | 94.80% |
| Spanish: | | 1,522 | | 4.27% |
| Speak English "very well" | | 949 | | 2.66% |
| Speak English less than "very well" | | 573 | | 1.61% |
| French, Haitian, or Cajun: | | 128 | | 0.36% |
| Speak English "very well" | | 126 | | 0.35% |
| Speak English less than "very well" | | 2 | | 0.01% |
| German or other West Germanic languages: | | 128 | | 0.36% |
| Speak English "very well" | | 112 | | 0.31% |
| Speak English less than "very well" | | 16 | | 0.04% |
| Russian, Polish, or other Slavic languages: | | 4 | | 0.01% |
| Speak English "very well" | | 0 | | 0.00% |
| Speak English less than "very well" | | 4 | | 0.01% |
| Other Indo-European languages: | | 6 | | 0.02% |
| Speak English "very well" | | 6 | | 0.02% |
| Speak English less than "very well" | | 0 | | 0.00% |
| Korean: | | 0 | | 0.00% |
| Speak English "very well" | | 0 | | 0.00% |
| Speak English less than "very well" | | 0 | | 0.00% |
| Chinese (incl. Mandarin, Cantonese): | | 10 | | 0.03% |
| Speak English "very well" | | 10 | | 0.03% |
| Speak English less than "very well" | | 0 | | 0.00% |
| Vietnamese: | | 0 | | 0.00% |
| Speak English "very well" | | 0 | | 0.00% |
| Speak English less than "very well" | | 0 | | 0.00% |
| Tagalog (incl. Filipino): | | 15 | | 0.04% |
| Speak English "very well" | | 15 | | 0.04% |
| Speak English less than "very well" | | 0 | | 0.00% |
| Other Asian and Pacific Island languages: | | 43 | | 0.12% |
| Speak English "very well" | | 43 | | 0.12% |
| Speak English less than "very well" | | 0 | | 0.00% |
| Arabic: | | 0 | | 0.00% |
| Speak English "very well" | | 0 | | 0.00% |
| Speak English less than "very well" | | 0 | | 0.00% |
| Other and unspecified languages: | | 0 | | 0.00% |
| Speak English "very well" | | 0 | | 0.00% |
| Speak English less than "very well" | | 0 | | 0.00% |
| TABLE ID: | C16001 | |
| SURVEY/PROGRAM: | American Community Survey | |
| VINTAGE: | 2021 | |
| DATASET: | ACSDT5Y2021 | |
| PRODUCT: | ACS 5-Year Estimates Detailed Tables | |

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

**Abilities Services, Inc,**  assessed the frequency with which staff and drivers have, or could have, contact with LEP persons. **Abilities Services, Inc,**  provides approximately **6300** passenger trips per year. If an individual has speech limitations, the dispatcher or driver will work with the Indiana Department of Transportation, 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 Abilities Services, Inc, programs are important; however, those related to safety, public transit, nondiscrimination and public involvement are among the most important. The Abilities Services, Inc, 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 Abilities Services, Inc, will strive to provide alternative but meaningfully accessibility. Moreover, the Abilities Services, Inc 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 insert languages(s) upon request.

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

The Abilities Services, Inc. makes every effort to make its programs, services, and activities, accessible to LEP individuals. The Insert 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 Abilities Services, Inc. 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 Abilities Services, Inc, 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 Abilities Services, Inc, language assistance measures, Abilities Services, Inc, 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 |

Abilities Services, Inc, will continue to update the LEP plan as required by U.S. DOT. At a minimum, the Title VI Plan will continue to be reviewed and updated every three (3) years in conjunction with the Title VI submission and use data from the U.S. Decennial Census or the American Community Survey as available, or when it is clear that the concentrations of LEP individuals are present in the Insert 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 **Abilities Services, Inc,** financial resources are sufficient to fund language assistance resources needed.
* Determine whether Insert Agency Name has fully complied with the goals of this LEP Plan.
* Determine whether complaints have been received concerning **Abilities Services, Inc,** 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 Insert Agency Name staff:

* Information on the Abilities Services, Inc, 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 (over the phone interpretation provider).
* How to handle a potential Title VI / LEP complaint.

Limited English Proficient (LEP) Resource Materials:

LEP Policy

**Abilities Services, Inc,**  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 Insert resource/agency to obtain translators. The agency will also utilize web-based translator programs if available.

**If you need help with English, please call 765/362-4020.**

**“*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 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 |

**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**

| **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.

**\*Guidance:** Elected transit-related board, committee, or council, do not need to complete the table below, and write in section B 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** |
| N/A |  |  |  |  |  |  |

*Note: insert the number of people and % of total board membership*

**B. Efforts to Encourage Minority Participation**

*To encourage participation on its boards, committees, and councils, the Abilities Services, Inc, will make every effort to encourage minority participation on the boards. Detail any further efforts below.*

**Section 10: Providing Assistance to and Monitoring 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)

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 Circular 4702.1B: (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 for Facility Acquisition**

Title 49 CFR, Appendix C, Section (3)(iv) requires “the location of projects requiring land acquisition and the displacement of persons from their residences and business may not be determined on the basis of race, color, or national origin.” For purposes of this requirement, “facilities” does not include bus shelters, as they are considered transit amenities. It also does not include transit stations, power substations, or any other project evaluated by the National Environmental Policy Act (NEPA) process. Facilities included in the provision include, but are not limited to, storage facilities, maintenance facilities, operations centers, etc. 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 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 Title VI plan a copy of the Title VI equity analysis.)

# Section 12: Fixed Route Transit Providers Service Standards and Policies

*FTA Circular 4702.1B, Chapter III, Paragraph 10: All fixed route transit providers shall set service standards and policies for each specific fixed route mode of service they provide.*

Abilities Services, Inc.:

is a fixed route transit provider

is **not** a fixed route transit provider