Arizona Department of Transportation Title VI
On-Site Compliance Review

Date: __________  Reviewer:______________

I. Agency Information

____________________________  __________________________
Administrative Head  Title

Grant Recipient:_______________________________________________________

Address:_____________________________________________________________

City/State: _____________________ Zip Code /County: __________________________

Phone/Fax: _______________________________ Email: ______________________

Please list the Program(s) or Service receiving financial assistance from the Arizona
Department of Transportation and the amounts received for the current year.

<table>
<thead>
<tr>
<th>Program/Service</th>
<th>Dollar Amount</th>
<th>Recurring</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes __<strong><strong>No</strong></strong></td>
</tr>
</tbody>
</table>

|                 |               | Yes ______No____ |

Service area population:

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>%</th>
<th></th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
<td>Black or African American</td>
<td></td>
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<tr>
<td>American Indian/ Alaska Native</td>
<td></td>
<td></td>
<td>Native Hawaiian/ other Pacific Islander</td>
<td></td>
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<tr>
<td>Asian</td>
<td></td>
<td></td>
<td>Hispanic</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>
Does your organization have a Limited English Proficiency (LEP) plan? Yes ___ No ___
(If “yes” provide documentation)

How does the agency ensure persons with LEP access to services?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Does your agency have a staff person designated as the Title VI Coordinator?
If yes, provide name and title:

Name ___________________________ Title ___________________________

Address: _________________________________________________________

City: ___________________________ Zip Code/County: ______________________

Phone: __________________________ Email: ______________________________

Has the Title VI Coordinator attended an ADOT Civil Rights training session within the last three (3) years?

Yes ____ No ____

If yes, provide date: _______________________

II. Title VI Information

Are all posters regarding Title VI visible and accessible to staff and service beneficiaries?

Yes _____ No _____

Do the posters show the name of the Title VI Coordinator to whom complaints should be referred?

Yes ____ No ____

Is Title VI information disseminated to your employees, clients and constituents?

Yes ____ No ____
If “yes” explain how disseminated:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

III. Transportation-related boards or commissions

List transportation-related appointed board(s), commission(s), or advisory bodies, if any:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Ethnic/racial/gender breakdown of the transportation-related boards(s)/or commission(s):

<table>
<thead>
<tr>
<th>Female</th>
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<tbody>
<tr>
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<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

How are the members of the boards(s)/or commissions(s) selected? (attach by-laws)
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

IV. Procurement of Contracts

Are contractees clearly aware of their commitment to Title VI compliance?
Yes____ No____
V. Public Involvement

Provide documentation describing efforts to identify and involve minority and low-income residents and communities within your service area in the decision making process:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Provide a description of the methods used to inform low-income and minority communities of planning efforts for transportation related services and/or improvements:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List minority and/or community media sources utilized to ensure notification of public meetings or public review of agency documents for residents in minority and low-income communities:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List any adverse social, environmental, economic or demographic impacts identified on any planned or programmed transportation-related projects during the last two years:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

VI. Complaint Information

Provide complaint procedure and log form. (Attach copy)

List any Title VI complaints on the basis of race, color, and national origin in your agency during the past three years?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Were the complaints, if any, investigated? Yes___ No___
By whom? ______________________________
1. If “yes” provide a summary of the findings of the investigation, include a copy of the complaint and corrective action taken.

2. Were complaints filed against your agency forwarded to ADOT Civil Rights Office? Yes___ No___

**VII. Title VI Assurance**

Has your agency provided Title VI Assurances signed by the agency head? Please provide a copy.

**VIII. DECLARATION OF RESPONDENT**

I declare that I have completed this Title VI On-site Compliance Review to the best of my knowledge and believe it to be true and correct.

__________________________  ______________________
Title VI Coordinator              Date