



ANNUAL FTA SUBRECIPIENT ADA/TITLE VI SELF-CERTIFICATION COMPLIANCE REVIEW

A response to each question is required.

FTA Subrecipient

Name: _____ Name of Reviewer: _____

Address: _____ Date of Self-Certification: _____

Please select funding source 5310 5311

1. Have there been any transit-related discrimination complaints, investigations, or lawsuits filed against your agency? Yes No - If yes, please submit a copy of your agency's complaint.

2. Are customer complaints that allege discrimination being immediately reported to the ADOT Civil Rights Office or ADOT Transit Program Manager? Yes No -If no, please explain.

3. Have there been any changes to your transit-related leadership? Please use the Title VI plan organization chart to indicate any updates and update your plan accordingly. Yes No

4. Provide a list of locations where the Notice to the Public is posted.

5. Describe any updates made to your Public Participation or LEP plans since the last Title VI Program submission.

6. Does your agency have subrecipients? Yes No - If yes, please describe the process used for reviews and the schedule of subrecipient Title VI Program submissions.

7. Has your agency constructed any new facilities, such as vehicle storage facilities, etc? (Bus shelters are exempt and not considered "facilities".) Yes No - If yes, was there an equity analysis conducted?

8. Have you held/attended a Title VI/ADA training within the last year? Yes No - If yes, indicate the date and who hosted the training.

9. Provide the following contact information for the designated Title VI/ADA coordinator, who is the main contact to the ADOT Civil Rights office:

Name: _____
Title: _____
Email: _____
Phone: _____

In accordance with your grant agreement as a Federal Transit Authority subrecipient of the Arizona Department of Transportation, _____ self-certifies compliance for _____ with the established policies and procedures set forth by ADOT's Civil Rights Office, as listed in the annual FTA Title VI and ADA self-certification checklist, for Title VI of the Civil Rights Act of 1964 (Title VI) and Title II of the American Disabilities Act of 1990 (ADA).

Please print name and title

Signature

Date
