

Licking Valley Community Action Program Inc./Transportation 2020



Title VI Plan

Title VI Contact: Kerri Moran Transportation Coordinator

Title VI Contact Phone: 606-845-0081, 1-800-327-5196

Title VI Contact Email: kmoran@lvcap.com

Alternate Language Phone: 1-800-327-5196

Address: 203 High Street Flemingsburg, KY 41041

Web Address: www.LVCAP.com

Para Información en Español: Kerri Moran

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Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance.

Specifically, Title VI provides that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance" (42 USC. Section 2000d)

Licking Valley C.A.P. Transportation is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transit services on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) Circular 4702.1.A.

This plan was developed to guide the LVCAPTP in its administration and management of Title VI-related activities.

Non Discrimination Public Notice see appendix A-1, A-2

**Title VI Coordinator Contact information
Kerri Moran, Director, Licking Valley C.A.P. Transportation Program,
203 High Street, Flemingsburg, KY 41041, Ph. 606-845-0081.**

YOUR CIVIL RIGHTS UNDER TITLE VI

The Licking Valley C.A.P. Inc. adheres to the Civil Rights Act of 1964 which states: “No person in the United States, shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” For more information on the Title VI transit obligations, please see the contact information below.

MAKING A TITLE COMPLAINT

Any person who believes himself, herself, or any specific class of persons to be subjected to discrimination based on race, color, or national origin, may by himself or by a representative file written complaint with FTA. A complaint must be filed no later than 180 days after the date of the alleged discrimination, unless the time for filing is extended by FTA.

**Executive Director Kenny Walters, Licking Valley C.A.P., 203
High Street, Flemingsburg, KY 41041, 1-
800-327-5196 TTY. Email Address: kmoran@lvcap.com Website:
<http://www.lvcap.com>**

**Written complaints may also be submitted to the Project Manager or Public
Transit Branch Manager at the Kentucky Transportation Cabinet at (502)
564-7433.**

**Written complaints may also be filed with the U. S. Department of Transportation/Federal
Transit Administration (FTA) no later than 180 days after the date of the alleged
discrimination, at the following address: Office of Civil Rights, Attention: Title VI Program
Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE, Washington, DC
20590.**

**To accommodate limited English proficient individuals, oral complaints to be documented
and/or translated may also be given at the above address. If information is needed in another
language, contact (800) 327-5196.**

Si se necesita información en otro idioma, comuníquese con: (606) 845-0081.

***This notice is displayed in English and Spanish in all agency public
areas, in all transit vehicles, and in the transit coordinators office.***

***This Notice is posted online at LVCAP.com
In English & Spanish***

Non Discrimination ADA/Title VI Complaint Procedures

These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA) as they relate to any program or activity that is administered by **Licking Valley Community Action Program Inc./Transportation** including consultants, contractors and vendors. Intimidation or retaliation as a result of a complaint is prohibited by law. In addition to these procedures, complainants reserve the right to file a formal complaint with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to resolve complaints at the lowest possible level.

- (1) Any person who believes he and/or she has been discriminated against on the basis of race, color, national origin, or disability may file a Discrimination complaint by completing and submitting the agency's Title VI Complaint Form.
- (2) Formal complaints must be filed within **180** calendar days of the last date of the alleged act of discrimination or the date when the alleged discrimination became known to the complainant(s), or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct.
- (3) Complaints must be in writing and signed by the complainant(s) and must include the complainant(s) name, address and phone number. The Title VI contact person will assist the complainant with documenting the issues if necessary.
- (4) Allegations received by fax or e-mail will be acknowledged and processed, once the identity of the complainant(s) and the intent to proceed with the complaint have been established. For this, the complainant is required to mail a signed, original copy of the fax or email transmittal for the complaint to be processed.
- (5) Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign and return for processing.
- (6) Once submitted **Licking Valley Community Action Program Inc./Transportation** will review the complaint form to determine jurisdiction. All complaints will receive an acknowledgement letter informing her/him whether the complaint will be investigated by the **Licking Valley Community Action Program Inc./Transportation** or submitted to the State or Federal authority for guidance.

- (7) **Licking Valley Community Action Program Inc./Transportation** will notify the KDOT Civil Rights Office of ALL Discrimination complaints within 72 hours via telephone at 502-564-3601; or mail ADA/Section 504 Coordinator Office for Civil Rights and Small Business Development 200 Mero Street, 6th Floor West Frankfort, KY 40622
- (8) **Licking Valley Community Action Program Inc./Transportation** has 90 business days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has 90 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 90 business days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.
- (9) After the investigator reviews the complaint, she/he will issue one of two 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 Discrimination violation and that the case will be closed. An 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.
- (10) A copy of either the closure letter or LOF must be also be submitted to KDOT within 72 hours of that decision. Letters may be submitted by hardcopy or email.
- (11) A complainant dissatisfied with **Licking Valley Community Action Program Inc./Transportation** decision may file a complaint with the Kentucky Department of Transportation (KDOT) or the Federal Transit Administration (FTA) offices of Civil Rights: **KDOT**: ATTN ADA/Section 504 Coordinator Office for Civil Rights and Small Business Development 200 Mero Street, 6th Floor West Frankfort, KY 40622
FTA: Attention Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590
- (12) A copy of these procedures can be found online at: www.LVCAP.com.

If information is needed in another language, contact Kerri Moran @1-800-327-5196. *Para Información en Español llame: Kerri Moran @ 1-800-327-5196

***Please see appendix for copy of LVCAP complaint form (English & Spanish)**

***LVCAP's Complaint procedure and complaint form is available on our agency website at: www.LVCAP.com in both English and Spanish**

Discrimination ADA/Title VI

Investigations, Complaints, and Lawsuits

Licking Valley Community Action Program Inc./Transportation has not had any ADA nor Title VI Discrimination complaints, investigations, or lawsuits in 2019.

Complainant	Date (Month, Day, Year)	Basis of Complaint (Race, Color, National Origin or Disability)	Summary of Allegation	Status	Action(s) Taken	Final Findings?
Investigations						
1)	none	n/a	n/a	n/a	n/a	n/a
Lawsuits						
1)	none	n/a	n/a	n/a	n/a	n/a
Complaints						
1)	none	n/a	n/a	n/a	n/a	n/a

Public Participation Plan

Licking Valley Community Action Program Inc./Transportation is engaging the public in its planning and decision-making processes, as well as its marketing and outreach activities. The public will be invited to participate in the process whether through public meetings and/or surveys.

As an agency receiving federal financial assistance, **Licking Valley Community Action Program Inc./Transportation** made the following community outreach efforts and activities to engage minority and Limited English Proficient populations since the last Title VI Plan submittal.

- Expanded the distribution of agency brochures
- Advertised public announcements through newspapers, fliers, or radio
- Posted the Nondiscrimination Public Notices to the following locations:
 - Within transportation vehicles
 - Lobby of agency
 - Agency website English/Spanish (www.LVCAP.com)
- Added public interactive content to the agency's webpage (Spanish/English) for the public e.g. social media, to communicate schedule changes or activities (www.LVCAP.com, <https://www.facebook.com/lvcap01/>)
- Updated agency documents/publications to make them more user-friendly e.g. comment forms or agency brochures

Licking Valley Community Action Program Inc./Transportation will make the following community outreach efforts for the upcoming year:

- Expand the distribution of agency brochures
- Advertise public announcements through newspapers, fliers, or radio
- Post the Nondiscrimination Public Notices to the following locations:
 - Within transportation vehicles
 - Lobby of agency
- Partner with other local agencies to advertise services provided.
- Add public interactive content to the agency's webpage for the public e.g. social media, to communicate schedule changes or activities.
- Host an information booth at a community event
- Update agency documents/publications to make them more user-friendly e.g. comment forms or agency brochures.

WHAT IS OUT-OF-AREA NON-EMERGENCY MEDICAL TRANSPORTATION?

This is a service that provides medical transportation out of your immediate area for medical services not available at the local level.

CRITERIA FOR OUT-OF-AREA TRANSPORTATIONS:

- Please call to verify availability before scheduling your appointment.
- We must have notice of your transportation needs 72 hours prior to the appointment.
- Appointments must be scheduled with us on the appropriate date and time.



MEDICAL TRANSPORTATION

Appointment is within the same county Where you reside \$6.00

Appointment is in a bordering county from where you reside \$10.00

Appointment is out of area (i.e., Lexington, Cincinnati, Ashland) \$50.00

SERVING THE RESIDENTS OF:

BRACKEN, FLEMING, LEWIS, MASON & ROBERTSON COUNTIES



Licking Valley Community Action Transportation



Contact

(606) 845-0081
(800) 372-5196
(800) 843-1310

www.lvcap.com

(800) 327-5196

www.lvcap.com

Transportation Non-Emergency

Medical, Shopping, Business, Appointments

Traveling To:

- Lexington
- Morehead
- Cynthia
- Ashland
- Maysville
- Carlisle
- Northern Kentucky
- Portsmouth
- Cincinnati

Traveling From:

- Hartsville
- Maysville
- Vancleving
- Brooksville
- Mt. Olivet

To Schedule an Appointment for Transportation

Please Call us with the Following Information

- Please remember to tell us who you are and/or who you are calling for.
- Your current physical address. (If you are a new client or have relocated since your latest transit request, please be prepared with directions and a description of your home.)
- Your social security number
- Your date of birth
- A current phone number
- Physician and/or Clinic Name with address & phone number
- Your appointment date and time.
- How long you will be at your appointment, if known.
- All information will be repeated back to you for verification.

Cancellation Policy

To cancel any scheduled transportation request, please contact our office 24 hours prior to your appointment. In case of emergency, please contact us as soon as possible to cancel your request.

To Schedule Transportation or for more information:

Licking Valley CAP Transportation

203 High Street
Flemingsburg, KY
41041

(606) 845-0081
Or
1-800-327-5196

TTY Communication: Licking Valley CAP has hearing or speech impaired, please call T-800-848-4026 or voice users call 1-800-848-4027.



¿Qué es el transporte médico fuera del área que no es de emergencia?

Este es un servicio que proporciona transporte médico fuera de su área inmediata para servicios médicos que no están disponibles a nivel local.

Requisitos para el transporte fuera del área

- Llamar para verificar la disponibilidad antes de programar su cita.
- Deberán tener aviso de sus necesidades de transporte 72 horas antes de la cita.
- La cita debe programarse con nosotros, no la familia y/o su compañía.



Transporte Médico

Cuando la cita es dentro del mismo condado
 Donde vive:
 \$ 6.00

Cuando la cita es en un condado fuera de donde vive:
 \$ 10.00

Cuando la cita es fuera del área (es decir, Lexington, Cincinnati, Ashland):
 \$ 30.00

Sirviendo a los residentes de:

**BRACKEN, FLEMING,
 JEFFERSON, MASON &
 ROBERTSON COUNTIES**



Contacto:

(606) 845-0081
 (800) 327-5196
 (800) 803-1310

www.lvca.com

(800) 327-5196

www.lvca.com

Transporte Para no-emergencia

Médico, Compras, Negocios, y Citas

Viajando a:

- Lexington
- Morehead
- Cynthia
- Ashland
- Mayeville
- Carlisle
- Northern Kentucky
- Portsmouth
- Cincinnati

Viajando desde:

- Flemingsburg
- Mayeville
- Vanceburg
- Brooksville
- Mt. Olivet

Hacer una cita para el transporte

Por favor llámenos con la siguiente información:

- Recuerde decirnos quien es usted y a quién está llamando.
- Su dirección física actual (si es un cliente nuevo o se ha reubicado desde su última solicitud de trabajo, está preparado con instrucciones y una descripción de su negocio).
- Su número de seguro social.
- Su fecha de nacimiento.
- Un número de teléfono actual.
- Nombre del médico y/o clínica con dirección y número de teléfono.
- La fecha y hora de su cita.
- Cuanto tiempo estará en su cita, si lo sabe.
- Toda la información le será repetida para su verificación.



Política de Cancelación

Para cancelar cualquier solicitud de transporte programado, comuníquese con nuestra oficina 24 horas antes de su cita. En caso de emergencia, contáctenos lo antes posible para cancelar su solicitud.

Para transporte o para obtener más información:

Licking Valley CAP
 Transportation

203 High Street
 Flemingsburg, KY
 41041

(606) 845-0081

O

1-800-327-5196

Comunicaciones TTY: Licking Valley CAP
 Inc.

Deficientes auditivos o del habla, llame al 1-800-648-6056 o los usuarios de voz llamen al 1-800-648-6057.

Licking Valley Community Action Program

October 3, 2019 ·

Please take a minute and complete this survey. We want to know what you think.



SURVEYMONKEY.COM

Can you spare a few moments to take my survey?

Please take the survey titled "LVCAP ". Your feedback is important!

Please take the survey titled "LVCAP ". Your feedback is important!

Licking Valley Community Action Program

September 20, 2019 ·

Licking Valley Transportation shuttles 21 Senior citizens from Robertson County Health Care Facility to the bowling alley in Flemingsburg. Fun was had by all!



Limited English Proficiency Plan

Licking Valley Community Action Program Inc./Transportation has developed the following Limited English Proficiency Plan (LEP) to help identify reasonable steps to provide language assistance for LEP persons seeking meaningful access to Licking Valley Community Action Program Inc./Transportation services as required by Executive Order 13166. A Limited English Proficiency person is one who does not speak English as their primary language and who has a limited ability to read, speak, write, or understand English.

This plan details procedures on how to identify a person who may need language assistance, the ways in which assistance may be provided, training to staff, notification to LEP persons that assistance is available, and information for future plan updates. In developing the plan while determining the Licking Valley Community Action Program Inc./Transportation's extent of obligation to provide LEP services, the Licking Valley Community Action Program Inc./Transportation undertook a U.S. Department of Transportation four-factor LEP analysis which considers the following:

- 1) The number or proportion of LEP persons eligible in the Licking Valley Community Action Program Inc./Transportation service area who may be served or likely to be encountered by Licking Valley Community Action Program Inc./Transportation program, activities, or services;

Location	Total Population	Total LEP	Spanish or Spanish Creole	German	Total LEP percent
Bracken County	7,873	106	106	0	1.29%
Fleming County	13,562	87	75	12	0.79%
Lewis County	13,013	68	60	4	0.73%
Mason County	16,289	128	106	9	0.79%
Robertson County	2,037	0	0	0	0%

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?_afpt=table

- 2) The frequency with which LEP individuals come in contact with an Licking Valley Community Action Program Inc./Transportation services;

Licking Valley Community Action Program Inc./Transportation's staff reviewed the frequency with which office staff, dispatchers and drivers have, or could have, contact with LEP persons for 2019. Licking Valley Community Action Program consumers consist of less than 1% being LEP. Customers of Hispanic decent are the structure of the LEP community that uses the services of Licking Valley Community Action Program, and those services are requested at a range from 0-2 times per month. Monthly schedules and records are consulted to determine these amounts.

- 3) The nature and importance of the program, activities or services provided by the **Licking Valley Community Action Program Inc./Transportation** to the LEP population.

The number of LEP taking advantage of the Authority is a very low number and is mostly used by them for medical appointments.

Our service is a vital part for them especially for medical appointments. We have a special brochure printed and available on our vans for help in understanding the service.

- 4) The resources available to **Licking Valley Community Action Program Inc./Transportation** and overall costs to provide LEP assistance. A brief description of these considerations is provided in the following section.

As an outreach effort to the LEP community, Licking Valley Community Action Program offers the use of the Speakeasy Telephonic Interpreting service and local approved translators at no cost to the customer.

Licking Valley Community Action Program Inc./Transportation provides a statement in Spanish and will for additional languages specific to the LEP community make up that will be included in all public outreach notices. Every effort will be made to provide vital information to LEP individuals in the language requested.

Safe Harbor Provision for written translations

Licking Valley Community Action Program Inc./Transportation complies with the Safe Harbor Provision, as evidenced by the number of documents available in the Spanish language. With respect to Title VI information, the following shall be made available in Spanish:

- (1) Non Discrimination Notice
- (2) Discrimination Complaint Procedures
- (3) Discrimination Complaint Form

In addition, we will conduct our marketing (including using translated materials) in a manner that reaches each LEP group. Vital documents include the following:

- (1) Notices of free language assistance for persons with LEP
- (2) Notice of Non-Discrimination and Reasonable Accommodation
- (3) Outreach Materials
- (4) Public Hearings

1) **Licking Valley Community Action Program Inc./Transportation** provides language assistance services through the below methods:

- Staff is provided a list of what written and oral language assistance products and methods the agency has implemented and how agency staff can obtain those services.
- Instructions are provided to customer service staff and other **Licking Valley Community Action Program Inc./Transportation** staff who regularly take phone calls from the general public on how to respond to an LEP caller.
- Instructions are provided to customer service staff and others who regularly respond to written communication from the public on how to respond to written communication from an LEP person.
- Instructions are provided to vehicle operators, station managers, and others who regularly interact with the public on how to respond to an LEP customer.

- Use of “I Speak” cards.

2) Licking Valley Community Action Program Inc./Transportation has a process to ensure the competency of interpreters and translation service through the following methods:

- **Licking Valley Community Action Program Inc./Transportation will ask the interpreter or translator to demonstrate that he or she can communicate or translate information accurately in both English and the other language.**
- **Licking Valley Community Action Program Inc./Transportation will train the interpreter or translator in specialized terms and concepts associated with the agency’s policies and activities.**
- **Licking Valley Community Action Program Inc./Transportation will instruct the interpreter or translator that he or she should not deviate into a role as counselor, legal advisor, or any other role aside from interpreting or translator.**
- **Licking Valley Community Action Program Inc./Transportation will ask the interpreter or translator to attest that he or she does not have a conflict of interest on the issues that they would be providing interpretation services.**

3) Licking Valley Community Action Program Inc./Transportation provides notice to LEP persons about the availability of language assistance through the following methods:

- Posting signs in Intake areas and other points of entry
- Statements in outreach documents that language services are available from the agency.
- Working with community-based organizations and other stakeholders to inform LEP individuals of the Recipients’ services, including the availability of language assistance services
- Announcements at community meetings
- Information tables at local events
- Signs and handouts available in vehicles
- Agency websites
- Customer service lines

4) Licking Valley Community Action Program Inc./Transportation monitors, evaluates and updates the LEP plan through the following process:

- **Licking Valley Community Action Program Inc./Transportation will monitor the LEP plan by conducting an annual Four-Factor analysis, establishing a process to obtain feedback from internal staff and members of the public and conducting internal evaluations to determine whether the language assistance measures are working for staff.**
- **Licking Valley Community Action Program Inc./Transportation will make changes to the language assistance plan based on feedback received.**
- **Licking Valley Community Action Program Inc./Transportation may take into account the cost of proposed changes and the resources available to them. Depending on the evaluation,**
- **Licking Valley Community Action Program Inc./Transportation may choose to disseminate more widely those language assistance measures that are particularly effective or modify or eliminate those measures that have not been effective.**
- **Licking Valley Community Action Program Inc./Transportation will consider new language assistance needs when expanding transit service into areas with high concentrations of LEP persons will consider modifying their implementation plan to provide language assistance measures to areas not previously served by the agency.**

5) Licking Valley Community Action Program Inc./Transportation trains employees to know their obligations to provide meaningful access to information and services for LEP persons and all employees in public contact positions will be properly trained to work effectively with in-person and telephone interpreters. **Licking Valley Community Action Program Inc./Transportation** will implement processes for training of staff through the following procedures:

Licking Valley Community Action Program Inc./Transportation will identify staff that are likely to come into contact with LEP persons as well as management staff that have frequent contact with LEP persons in order to target training to the appropriate staff.

Licking Valley Community Action Program Inc./Transportation will identify existing staff training opportunities, as it may be cost-effective to integrate training on their responsibilities to persons with limited English proficiency into agency training that occurs on an ongoing basis.

Licking Valley Community Action Program Inc./Transportation will include this training as part of the orientation for new employees. Existing employees, especially managers and those who work with the public may periodically take part in re-training or new training sessions to keep up to date on their responsibilities to LEP persons.

Licking Valley Community Action Program Inc./Transportation will implement LEP training to be provided for agency staff.

Licking Valley Community Action Program Inc./Transportation staff training for LEP to include:

- A summary of the **Licking Valley Community Action Program Inc./Transportation** responsibilities under the DOT LEP Guidance;
- A summary of the **Licking Valley Community Action Program Inc./Transportation** language assistance plan;
- A summary of the number and proportion of LEP persons in the **Licking Valley Community Action Program Inc./Transportation** service area, the frequency of contact between the LEP population and the agency's programs and activities, and the importance of the programs and activities to the population;
- A description of the type of language assistance that the agency is currently providing and instructions on how agency staff can access these products and services; and
- A description of the **Licking Valley Community Action Program Inc./Transportation** cultural sensitivity policies and practices.

*LVCAP Limited English Proficiency Plan is available on our agency website at: www.LVCAP.com

Non-elected Committees Membership Table

Subrecipients who select the membership of transit-related, non-elected planning boards, advisory councils, or committees must provide a table depicting the membership of those organizations broken down by race. Subrecipients also must include a description of the efforts made to encourage participation of minorities on these boards, councils, and committees.

Licking Valley C.A.P. Inc., asked their local officials to help obtain a minority representative for the Board but as of now we have had no one apply or interested.

***Table Depicting Membership of Committees, Councils, Broken Down by Race**

Licking Valley’s board of director’s consists of 15 members.

Body	African American/Black	American Indian/Alaskan Native	Native Hawaiian/Other Pacific Islander	Asian	Hispanic/Latino	White
Licking Valley Community Action Governing Board	0%	0%	0%	0%	0%	100%

Monitoring for Subrecipient Title VI Compliance

Describe how you monitor your Subrecipients. This can be through site visits, submissions of Title VI Plans annually, or training and surveys.

Licking Valley Community Action Program Inc./Transportation does not monitor Subrecipients for Title VI compliance.

Title VI Equity Analysis

A Subrecipients planning to acquire land to construct certain types of facilities must not discriminate on the basis of race, color, or national origin, against persons who may, as a result of the construction, be displaced from their homes or businesses. "Facilities" in this context does not include transit stations or bus shelters, but instead refers to storage facilities, maintenance facilities, and operation centers.

There are many steps involved in the planning process prior to the actual construction of a facility. It is during these planning phases that attention needs to be paid to equity and non-discrimination through equity analysis. The Title VI Equity Analysis must be done before the selection of the preferred site.

Note: Even if facility construction is financed with non-FTA funds, if the Subrecipients organization receives any FTA dollars, it must comply with this requirement.

Licking Valley Community Action Program Inc./Transportation has no current or anticipated plans to develop new transit facilities covered by these requirements

Fixed Route Transit Provider Analysis

Fixed Route: Public transit service (other than by aircraft) provided on a repetitive, fixed-schedule basis along a specific route, with vehicles stopping to pick up passengers.

A Subrecipients providing fixed route service, as defined above, must determine the distribution of transit amenities or the vehicle assignments for each mode in a non-discriminatory manner. The Subrecipients must develop policies to ensure service is not distributed on the basis of race, color, or national origin.

Effective practices to fulfill the Service Standards requirements include developing written policies covering each of the following service indicators: (can be expressed in writing or in table format – see Circular Appendix G & H pp. 87-91)

Licking Valley Community Action Program Inc./Transportation is not a Fixed Route Transit Provider

Board Approval for the Title VI Plan

***(INSERT A COPY OF THE BOARD MEETING MINUTES AFTER
CONDITIONAL APPROVAL.**

YOUR CIVIL RIGHTS UNDER TITLE VI

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MAKING A TITLE COMPLAINT

Any person who believes himself, herself, or any specific class of persons to be subjected to discrimination based on race, color, or national origin, may by himself or by a representative file written complaint with FTA. A complaint must be filed no later than 180 days after the date of the alleged discrimination, unless the time for filing is extended by FTA.

Executive Director Kenny Walters, Licking Valley C.A.P., 203 High Street, Flemingsburg, KY 41041, 1-800-327-5196 TTY. Email Address: kmoran@lvcap.com Website: <http://www.lvcap.com>

Written complaints may also be submitted to the Project Manager or Public Transit Branch Manager at the Kentucky Transportation Cabinet at (502) 564-7433.

Written complaints may also be filed with the U. S. Department of Transportation/Federal Transit Administration (FTA) no later than 180 days after the date of the alleged discrimination, at the following address: Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE, Washington, DC 20590.

To accommodate limited English proficient individuals, oral complaints to be documented and/or translated may also be given at the above address. If information is needed in another language, contact (800) 327-5196. Si se necesita información en otro idioma, comuníquese con: (606) 845-0081.

This notice is displayed in all agency public areas, in all transit vehicles, and in the transit coordinators office.

This Notice is posted online at LVCAP.com

SUS DERECHOS CIVILES BAJO EL TÍTULO VI

La Lamisión de Valle C.A.P. Inc. se adhiere a la Ley de Derechos Civiles de 1964 que establece: "Ninguna persona en los Estados Unidos, por motivos de raza, color u origen nacional, será excluida de la participación en, se le negarán los beneficios de, o será sometida a discriminación bajo cualquier programa o actividad que reciba asistencia financiera federal." Para obtener más información sobre las obligaciones de tránsito del Título VI, consulte la información de contacto a continuación.

HACER UNA RECLAMACION TITULAR

Cualquier persona que se considere a sí misma, o a cualquier clase específica de personas que sea objeto de discriminación por motivos de raza, color u origen nacional, puede por sí mismo o por un representante presentar una queja escrita ante el TLC. Una queja debe ser presentada a más tardar 180 días después de la fecha de la supuesta discriminación, a menos que el TLC amplíe el tiempo de presentación.

Director Ejecutivo Kenny Walters, Licking Valley C.A.P., 203 High Street, Flemingsburg, KY 41041, 1- 800-327-5196 TTY. Dirección de correo electrónico: kmoran@lvcap.com Sitio web: <http://www.lvcap.com> Las quejas por escrito también se pueden presentar al Gerente de Proyectos o al Gerente de la Subdivisión de Tránsito Público en el Gabinete de Transporte de Kentucky al (502) 564-7433.

Las quejas escritas también se pueden presentar ante el Departamento de Transporte de los Estados Unidos/Administración Federal de Tránsito (FTA) a más tardar 180 días después de la fecha de la supuesta discriminación, en la siguiente dirección: Oficina de Derechos Civiles, Atención: Coordinador del Programa Título VI, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE, Washington, DC 20590.

Para acomodar a personas con dominio limitado del inglés, las quejas orales que se documenten y/o traduzcan también se pueden presentar en la dirección anterior. Si se necesita información en otro idioma, comuníquese con el (800) 327-5196. Si se necesita información en otro idioma, comunión: (606) 845-0081.

Este aviso se muestra en todas las áreas públicas de la agencia, en todos los vehículos de tránsito y en la oficina de coordinadores de tránsito. Este Aviso se publica en línea en LVCAP.com

Title VI Complaint Form

Section I:		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
Section II:		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered "yes" to this question, go to Section III.</i>		
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.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 VI:		
Have you previously filed a Discrimination Complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

--	--	--

If yes, please provide any reference information regarding your previous complaint.

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: _____

Name of person complaint is against: _____

Title: _____

Location: _____

Telephone Number (if available): _____

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below:

Signature

Date

Please submit this form in person at the address below, or mail this form to:

Licking Valley Community Action Program Inc./Transportation
Kerri Moran Transportation Coordinator
203 High Street Flemingsburg, KY 41041
606-845-0081
Kmoran@lvcap.com

A copy of this form can be found online at www.LVCAP.com

Transporte LVCAP

TÍTULO VI FORMULARIO DE RECLAMACIÓN

Sección I:				
Nombre:				
Habla a:				
Tipo de incidente: (circule uno) Investigación Demanda Demanda				
Teléfono (hogar):			Teléfono (trabajo):	
Dirección de correo electrónico:				
Requisitos de formato accesible?	Letra grande		Cinta de audio	
	TDD		Otro	
Sección II:				
¿Está presentando esta queja en su propio nombre?		Si*	No	
* Si respondió "sí" a esta pregunta, vaya a la Sección III.				
De lo contrario, proporcione el nombre y la relación de la persona por la cual se está quejando:				
Explique por qué ha presentado una solicitud para un tercero:				
Confirme que ha obtenido el permiso de la parte perjudicada si está presentando una solicitud en nombre de un tercero.		si	No	
Sección III:				
Creo que la discriminación que experimenté se basó en (marque todo lo que corresponda) :				
[] Raza [] Color [] Origen nacional				
Fecha de presunta discriminación (mes, día, año): _____				
Tiempo del incidente ocurrido : _____				
Explique con la mayor claridad posible lo que sucedió y por qué cree que fue discriminado. Describa a todas las personas que estuvieron involucradas . Me NCLUDE el nombre e información de contacto de la persona (s) que lo discriminó (si se conoce), así como los nombres y la información de contacto de los testigos. Si necesita más espacio, utilice el reverso de este formulario.				

Sección I V

¿Ha presentado previamente una queja de Título VI con esta agencia?	si	No
---	----	----

Sección V

¿Ha presentado esta queja ante cualquier otra agencia federal, estatal o local, o ante algún tribunal federal o estatal?

Sí No

En caso afirmativo, marque todo lo que corresponda:

Agencia Federal : _____

Tribunal Federal Agencia Estatal _____

Tribunal estatal Agencia local _____

Proporcione información sobre una persona de contacto en la agencia / tribunal donde se presentó la queja.

Nombre: _____

Título: _____

Agencia: _____

Habla a: _____

Teléfono: _____

Sección VI

El nombre de la queja de la agencia es contra:

Persona de contacto: _____

Título: _____

Número de teléfono: _____

Puede adjuntar cualquier material escrito u otra información que considere relevante para su queja.

Firma y fecha requeridas a continuación

Firma Fecha

Envíe este formulario en persona a la siguiente dirección o envíe este formulario a:
 Transporte LVCAP
 Coordinador del Título VI
 203 High Street
 Flemingsburg, KY 41041

Letter Acknowledging Receipt of Complaint

Date:

**Ms. Jo Doe
1234 Main St.
Maysville, KY 41056**

Dear Ms. Doe:

This letter is to acknowledge receipt of your complaint against LVCAP alleging

We will be conducting an investigation of the above described incident. If you have any additional information you wish to convey or any questions concerning this matter, please feel free to contact this office by calling 606-845-0081, or write to me at the following address.

**Licking Valley Community Action
Transportation Program
203 High Street
Flemingsburg, KY 41041**

Sincerely,

Kerri Moran, Transportation Coordinator and Title VI Coordinator

Notifying Complainant that the Complaint Is Substantiated

Date:

**Ms. Jo Doe
1234 Main St.
Maysville, KY 41056**

Ms. Doe:

Licking Valley Community Action Program has completed an investigation concerning the incident referenced in your letter dated (00/00/0000) against LVCAPTP. (An/Several) apparent violation(s) of Title VI of the Civil Rights Act of 1964, including those mentioned in your letter (was/were) identified. Efforts are underway to correct these deficiencies.

Thank you for calling this important matter to our attention. You were extremely helpful during our review of the program. (If a hearing is requested, the following sentence may be appropriate.) You may be hearing from this office, or from federal authorities, if your services should be needed during the administrative hearing process.

Sincerely,

**Kerri Moran
Title VI Coordinator**

Notifying Complainant that the Complaint Is Not Substantiated

Date:

**Ms. Jo Doe
1234 Main St.
Maysville, KY 41056**

Ms. Doe:

We have completed the investigation concerning your complaint dated (00/00/0000). The results of the investigation did not indicate that the provisions of Title VI Civil Rights Act of 1964 had been violated. Title VI prohibits discrimination based on race, color, or national origin in any program receiving federal financial assistance.

**The LVCAP
has analyzed the materials and facts pertaining to your case for evidence of the program's failure to comply with any of the civil rights laws. There was no evidence found that any of these laws have been violated. The incident is not substantiated and the investigation is closed.**

You have the right to appeal this finding within seven calendar days from the receipt of this final written decision from LVCAP, and/or file a complaint externally with the U.S. Department of Transportation and/or the Federal Transit Administration at:

**Federal Transit Administration Office of Civil Rights Attention:
Title VI Program Coordinator
400 7th Street, Southwest
Washington, DC 20590**

Sincerely,

**Kerri Moran
Title VI Coordinator**

Appendix----A-8

LANGUAGE ASSISTANCE PLAN PASSENGER SURVEY

In order for LVCAP Transportation to meet the needs of persons with Limited English Proficiency (LEP) we are conducting a simple survey. We appreciate your input, thank you!

1. How well do you read English?

- a. Very well b. Somewhat well c. Not very well

2. How well do you speak English?

- a. Fluently (very well) b. Okay (somewhat well) c. Barely (not very well)

3. Do you speak a language other than English at home?

- a. No b. Yes, I speak _____

4. Which destinations do you most often use the transit system for? (Circle all that apply.)

- a. Work c. Shopping e. Medical g. Recreation
b. School d. Social Service f. Other _____

5. How often do you use LVCAP Transportation services each month?

- a. 1-5 times b. 6-10 times c. More than 10 times

6. Have you ever called LVCAP Transportation office?

- a. Yes b. No

If yes, how well were you able to communicate with the staff?

- a. Very well b. Somewhat well c. Not very well

7. How do you get information about LVCAP Transportation services? (Circle all that you use.)

- a. Ask bus drivers d. Call the Transit office
b. Read maps & schedules e. Ask other people
c. Go to the Transit website f. Other _____

8. Other than riding the van, do you have access to and drive a vehicle sometimes?

- a. Yes b. No

9. Do you have friends or family who speak little to no English, and do not use LVCAP Transportation services?

- a. Yes b. No

If yes, to best of your knowledge, what is the reason they do not use the bus system? a. They prefer driving their own vehicle

b. They do not understand the system due to language limitations

c. The van schedules/destinations do not fit their needs

d. Other: _____

Comments or questions: _____ Please

return your survey to the bus driver. Thank You!

Appendix---A-9

LVCAP Transportation
LANGUAGE ASSISTANCE PLAN (LAP)
STAFF SURVEY

In order for the Transportation Department to meet the needs of the public with Limited English Proficiency (LEP) as well as the drivers and office staff who may have occasion to assist LEP passengers, we are conducting a simple survey which may aide in the development of our Language Assistance Plan. Please take a moment to complete the survey below and return to your supervisor. .

(Feel free to use the back of survey if you need more room.)

1. Can you communicate in a language other than English? a. Yes b. No

If so, the name of the language: _____

To what proficiency? a. Fluently b. Somewhat (can get by ok) c. Barely (very limited)

2. How many times during your employment here have you interacted in any capacity with someone who did not speak English proficiently? _____ times in _____ years/months.

3. Briefly describe the most involved incident (Include their language if you recognized it):

4. Did you feel you were able to assist the person? a. Yes b. No

(Why/why not) _____

5. Can you think of any resources/tools that could help staff be better equipped to assist LEP persons?

6. Can you speculate as to why more persons with limited English do not use LVCAP transportation services?

7. Can you think of a way we can pro-actively encourage more LEP ridership?

Your input and experiences are valuable...thank you for taking the time to help make Trinity Transit the best transit system we can.

Your Name (print): _____

Appendix----A-10

Licking Valley Transportation

LANGUAGE ASSISTANCE PLAN PUBLIC SURVEY

In order for LVCAP to meet the needs of persons with Limited English Proficiency (LEP) we are conducting a simple survey. We appreciate your input, thank you!

Do you use (have you ever used) Licking Valley transportation services? a. Yes b. No
If no, please tell us why: _____

If yes, which destinations do you most often use the transit system for? (Circle all that apply.)

- a. Work c. Shopping e. Medical g. Recreation
b. School d. Social Service f. Other _____

How often do you use the LVCAP transportation service each month?

- a. 1-5 times b. 6-10 times c. More than 10 times

How well do you read English?

- a. Very well b. Somewhat well c. Not very well

How well do you speak English?

- a. Fluently (very well) b. Okay (somewhat well) c. Barely (not very well)

What language do you speak at home? _____

Have you ever called the LVCAP transportation office?

- a. Yes b. No

If yes, how well were you able to communicate with the staff?

- a. Very well b. Somewhat well c. Not very well

How do you get information about LVCAP transportation services? (Circle all that you use.)

- a. Ask van drivers b. Call the Transit office c. Ask other people
d. Go to the Transit website e. Other _____

Other than riding the van, do you have access to and drive a vehicle sometimes?

- a. Yes b. No

Do you have friends or family who speak little to no English, and do not use LVCAP transportation services?

- a. Yes b. No

If yes, to best of your knowledge, what is the reason they do not use LVCAP transportation.

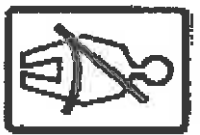
- a. They prefer driving their own vehicle
b. They do not understand the system due to language limitations
c. The bus schedules/destinations do not fit their needs
d. Other: _____

Comments or questions: _____

Please return your survey to a representative from the office which gave it to you. Thank you.

LICKING VALLEY COMMUNITY ACTION PROGRAM

**1. Seatbelts
Required!**



**1. Se Requiere usar
El Cinturon
Seguridad**

2. No Smoking!



2. No Fumar

**3. No Food or
Drinks**



**3. No Comer o
Beber**

**Notice:
Language
assistance
available at
no cost**

**Notisia:
Le asisternas
con su lenguaje
sin cobrar nada**

LVCAP Transportation Broker: 1-800-327-5196

Transportation is available for doctor appointments, dialysis, x-rays, lab work, or other medical appointments. To schedule a ride call at least 3 days before your appointment. Call Monday - Friday 8:00am to 6:00pm. To cancel a ride call at least 84 hours in advance. **OTD Complaint Number: 1-888-941-7433**

Appendix---A-12

GREETINGS	
Hello / Hi!	¡Hola!
Good day	¡Buenos días!
Good evening	¡Buenas tardes!
Good night	¡Buenas noches!
Good bye	¡Adiós!
See you soon	¡Hasta luego!

QUESTION WORDS	
Where?	¿Dónde?
When?	¿Cuándo?
Why?	¿Por qué?
What?	¿Qué?
Who?	¿Quién?
How?	¿Cómo?
How much/money?	¿Cuánto / cuánta?
Is/are there?	¿Hay?

POLITE	
Please	Por favor
Thank you (very much)	(Muchas) Gracias
Excuse me	Perdón!
I'm sorry, but...	Lo siento, pero...
That's a shame	Es una lástima
May I...?	¿Puedo...?

PHRASES TO FACILITATE UNDERSTANDING	
I don't understand.	No comprendo.
Please speak slower.	Débilid más lento, por favor.
Would you write that down please.	Puede usted escribirlo, por favor.
Could you explain that please.	Puede usted explicarlo, por favor.
How is that pronounced?	¿Cómo se pronuncia?
I have forgotten the word for...	No me acuerdo la palabra para...
How do you say that in French/English?	¿Cómo se dice en francés/inglés?
What does that mean?	¿Qué quiere decirlo?
Can you repeat that please.	Puede usted repetirlo, por favor.

EXPLAINING	
It's a bit like...	Es un poco como...
It's a sort of...	Es una clase de...
It's as small / big as...	Es tan pequeño / grande como...
It's white / yellow / blue / ...	Es más blanco / amarillo / azul / ...
What is it?	¿Qué eslo?

GENERAL RESPONSES	
Yes	Si
No	No
That depends	Depende
I don't know	No lo sé
I don't think so	Oyo que no
I think so	Oyo que sí
It doesn't matter	No importa
I don't mind	No me molesta
Of course!	¡Claro!
True	Es verdad
With pleasure	Con gusto

SPECIAL OCCASIONS	
Good morning!	¡Buenos días!
Happy Birthday!	¡Feliz cumpleaños!
Happy Christmas!	¡Feliz Navidad!
Happy New Year!	¡Feliz año nuevo!
Happy Easter!	¡Feliz Pascua!
Good Luck!	¡Que tengas suerte!
Enjoy the meal!	¡Comer con gusto!
Have a safe journey!	¡Buen viaje!
Have a good holiday!	¡Buenas vacaciones!
Take Care!	¡Cuidado!