



TITLE VI COMPLIANCE SITE REVIEW TOOL



LOCAL PUBLIC AGENCY SUB-RECIPIENTS

Iowa Department of Transportation  
800 Lincoln Way  
Ames, IA 50010  
Paul Trombino III, Director

**EFFECTIVE MAY 2010**

**I. TITLE VI SITE REVIEW INFORMATION**

Review Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Location: \_\_\_\_\_

**A. IOWA DEPARTMENT OF TRANSPORTATION REVIEWER:**

\_\_\_\_\_  
Name Title

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code/County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**B. SUB-RECIPIENT REPRESENTATIVES:**

\_\_\_\_\_  
Name Title

**C. IOWA DEPARTMENT OF TRANSPORTATION TITLE VI COORDINATOR:**

**Contact Information:**

Walter Reed, Jr.,  
Civil Rights Coordinator  
800 Lincoln Way  
Ames, IA 50010  
(515) 233-7970  
[Walter.reed@iowa.dot.gov](mailto:Walter.reed@iowa.dot.gov)

**II. SUB-RECIPIENT PROFILE**

**A. AGENCY INFORMATION:**

Recipient: \_\_\_\_\_

Administrative Head: \_\_\_\_\_

Address: \_\_\_\_\_  
Name Title

City/State: \_\_\_\_\_ Zip Code/County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**B. SUB-RECIPIENT PROJECT OVERVIEW**

PROJECT DESCRIPTION	FUNDING AMT

**C. Please list the Program (s) or Service (s) receiving financial assistance from the Iowa Department of Transportation and the amount received for the current year.**

PROGRAMS/SERVICES	FUNDING AMT	RECURRING (YES/NO)

**III. TITLE VI CERTIFICATIONS AND ASSURANCES**

**A.** Has the agency signed and submitted its Title VI Assurances?

Yes \_\_\_\_\_ No \_\_\_\_\_

**B.** Has the sub-recipient submitted its Title VI Program plan to the Iowa Department of Transportation? Note: (only large urban areas with population over 200,000)

Yes \_\_\_\_\_ No \_\_\_\_\_

**C.** What is the process used by sub-recipients to assure Title VI compliance? Please explain:

\_\_\_\_\_

\_\_\_\_\_

## IV. SUB-RECIPIENT DEMOGRAPHIC INFORMATION

### A. CITY/COUNTY POPULATION & DEMOGRAPHIC INFORMATION:

#### RACE/ETHNICITY

RACE	NUMBER	%	HISPANIC	NUMBER	%
White			White		
Black or African American			Non-White		
Am. Indian/Alaskan Native			Other/Unknown		
Native Hawaiian/ Other Pacific Islander					
Other/Unknown					

#### SEX

SEX	NUMBER	%
Male		
Female		

#### MINORITY/NON-MINORITY

STATUS	NUMBER	%
Minority		
Non-Minority		

#### LOW-INCOME/NON-LOW INCOME

	Number	%
Low-income		
Non Low-income		

#### AGE

AGE	NUMBER	%

**DISABILITY**

TYPE	NUMBER	%
Low-income		
Non Low-income		

**V. PUBLIC NOTIFICATION OF RIGHTS & ACCESSIBILITY**

A. Is Title VI information publicly displayed and accessible to staff and service beneficiaries?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe mechanism:

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B. Does all Title VI related information and materials identify the name and contact information to whom complaints should be referred?

Yes \_\_\_\_\_ No \_\_\_\_\_

C. Does the sub-recipient disseminate Title VI information to employees, clients and constituents?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe process:

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**VI. LIMITED ENGLISH PROFICIENCY (LEP) PLAN**

A. Does the sub-recipient have a Limited English Proficiency (LEP) plan?

Yes \_\_\_\_\_ No \_\_\_\_\_

B. What steps has the sub-recipient taken to ensure meaningful access to the benefits, services, information, and other important components of its programs and services to persons with Limited English Proficiency?

Please describe:

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## VII. TRANSPORTATION (BOARDS AND COMMISSIONS)

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

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### RACIAL/ETHNIC BREAKDOWN OF THE TRANSPORTATION-RELATED BOARD(S) AND/OR COMMISSION(S):

GROUP	NUMBER
Male	
Female	
White	
Black or African American	
Am. Indian or Alaskan Native	
Asian	
Native Hawaiian or other Pacific Islander	
Other	

## VIII. PUBLIC PARTICIPATION AND OUTREACH

A. Please provide documentation/evidence describing efforts to identify and involve minority and low-income residents and communities within your service area in the decision-making process:

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B. Please describe the methods used to inform low-income, and minority populations of planning efforts for transportation-related services and/or improvements:

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

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

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**IX. INVESTIGATION AND COMPLAINT PROCESSES**

A. Does your agency have written procedures for responding, recording, and resolving Title VI and ADA investigations complaints, lawsuits?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide a copy of procedures.

B. Has your agency made the public aware of the right to file a complaint?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, by what mechanism?

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C. Please list any Title VI complaints on the basis of race, color and national origin in your agency in the past two years:

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Were the complaints investigated? Yes \_\_\_\_\_ No \_\_\_\_\_

By whom? \_\_\_\_\_

1. If “yes” provide a summary of the findings of the investigation, include a copy of the complaint and any corrective action taken by the agency.
2. If “no” provide a reason for not investigating the complaint.

### **X. DECLARATION OF THE RESPONDENT**

I declare that I have provided information as part of the Title VI Site Review to the best of my knowledge and believe it to be true, correct, and complete.

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**Respondent**

**Date**

### **XI. DECLARATION OF THE ADMINISTRATIVE HEAD**

I declare that I have reviewed and approved the information provided in the Title VI Site Review and to the best of my knowledge believe it to be true, correct, and complete.

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**Administrative Head**

**Date**

### **NOTES:**

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**RECOMMENDATIONS:**

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