### 181 Title VI Plan

Effective Date: 4/2/2014 Revision Date: 4/1/2022

#### I. Plan Statement

Title VI of the Civil Rights Act of 1964 as amended 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 U.S.C. Section 2000d).

The East Central Intergovernmental Association (ECIA) is committed to ensuring that no person is excluded from participation in or denied the benefits of services on the basis of race, color, or national origin, as protected by Title VI of the Civil Rights Act of 1964. This plan was developed to guide the ECIA in administration and management of Title VI-related activities.

Title VI Coordinator Contact information is as follows:

Holly McPherson
ECIA Director of Human Resources and Program Development
7600 Commerce Park Dubuque, IA 52002

Phone: 563-556-4166

### **II. Title VI Information Dissemination**

Title VI information posters shall be prominently and publicly displayed in the ECIA's facilities. The name of the Title VI Coordinator is available on the website, at www.ecia.org. Additional information relating to nondiscrimination obligations can be obtained from the Title VI Coordinator.

Title VI information shall be disseminated to the ECIA employees annually via internal memorandum. This memo will remind employees of The ECIA's policy statement, and of their Title VI responsibilities in their daily work and duties.

During New Employee Orientation, new employees shall be informed of the provisions of Title VI, and the ECIA's expectations that employees will perform their duties accordingly.

All employees shall be provided a copy of the Title VI Plan and are required to sign the Acknowledgement of Receipt (see Attachment A as part of this section).

### III. Subcontracts and Vendors

All subcontractors and vendors who receive payments from the ECIA where funding originates from any federal assistance are subject to the provisions of Title VI of the Civil

Rights Act of 1964 as amended.

Written contracts shall contain non-discrimination language, either directly or through the bid specification package which becomes an associated component of the contract.

### IV. Record Keeping

The Title VI Coordinator will maintain permanent records, which include, but are not limited to, signed acknowledgements of receipt from the employees indicating the receipt of the Title VI Plan, copies of Title VI complaints or lawsuits and related documentation, and records of correspondence to and from complainants, and Title VI investigations.

### V. Title VI Complaint Procedures

A complainant may file a signed, written complaint up to one hundred and eighty (180) days from the date of the alleged discrimination. The complaint should include the following information:

- · Contact information including: Name, mailing address, telephone number, cell phone number and email address
- · Description of the incident including how, when, where and why you believe you were discriminated against. Names and contact information for all witnesses.
- · Other relevant information

A complainant may use the Complaint Form in Attachment B found later in this section for this purpose.

Title VI complaints are to be submitted in writing to the Title VI Coordinator at the following address:

Holly McPherson, Director of Human Resources and Program Development ECIA
7600 Commerce Park
Dubuque, IA 52002

It is the responsibility of the complainant to certify all mail that is sent through the U.S. Postal Service and/or ensure that all written correspondence can be tracked. For complaints originally submitted by facsimile, an original, signed copy of the complaint must be mailed to the Title VI Coordinator as soon as possible, but no later than 180 days from the alleged date of discrimination.

All complaints alleging discrimination based on race, color or national origin in a service or benefit provided by the ECIA will be directly addressed by the ECIA. The ECIA shall provide appropriate assistance to complainants, including those persons with disabilities, or who are limited in their ability to communicate in English. Additionally, the ECIA shall make every effort to address all complaints in an expeditious and thorough manner.

The ECIA will, within seven (7) working days of receipt of a complaint, mail a letter to the

address provided by a complainant, which letter will acknowledge receipt of the complaint. In the event that the ECIA requests additional information from a complainant and the complainant fails to provide the requested information, the ECIA shall reserve the right to administratively close the complaint.

All complaints will be thoroughly investigated. The investigation will be conducted in a full, fair and impartial manner by the Title VI Coordinator. Results of the investigation will be presented to the ECIA Council for a determination. Every effort will be made to respond to Title VI complaints within sixty (60) working days of receipt of such complaints. Complaints will be determined to be substantiated, not substantiated or inconclusive. Following the investigation, the ECIA will send a final written response letter to the complainant identifying the final determination. In the letter notifying complainant of the ECIA's determination, the complainant will be advised of his or her right to:

- 1. Appeal within seven (7) calendar days of receipt of the final written decision, and/or
- 2. File a complaint externally with the Iowa Civil Rights Commission.

In addition to the complaint process described above, a complainant may file a Title VI complaint with the following offices:

### Iowa Civil Rights Commission, Title VI Program Coordinator

400 East 14th Street Des Moines, IA 50319 515-281-4121

### **Iowa Department of Transportation**

Office of Employee Services, Civil Rights Section 800 Lincoln Way Ames, Iowa 50010 515-239-1422

## Civil Rights Officer, Region VII Federal Transit Administration

901 Locust Street, Room 404 Kansas City, MO 64106 816-329-3920

For appropriate agency for ADA complaints, go to <a href="http://www.ada.gov/cguide.pdf">http://www.ada.gov/cguide.pdf</a> or call the ADA information line at 800-514-0301 (voice) or 800-514-0383 (TTY)

### VI. Limited English Proficiency (LEP) Plan

The ECIA has developed this Limited English Proficiency Plan (LEP) to help identify

reasonable steps to provide language assistance for LEP persons seeking meaningful access to ECIA services. 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 staff, how to notify LEP persons that assistance is available, and information for future plan updates. In developing the plan, the ECIA undertook a U.S. Department of Transportation four factor LEP analysis which considered the following:

- 1) Number or proportion of LEP persons eligible in the ECIA service area who may be served or likely to encounter the ECIA program, activity, or service;
- 2) Frequency with which LEP individuals come in contact with the ECIA services;
- 3) Nature and importance of the program, activity or service provided by the ECIA to the LEP population; and
- 4) Resources available to the ECIA and overall cost to provide LEP assistance. A brief description of these considerations is provided in the following section.

See Attachment C found later in this section for copy of LEP Plan.

### VII. Community Outreach

As an agency that may from time to time receive federal financial assistance, we have made or will be making the following community outreach efforts to engage the public in planning and decision-making processes, as well as its marketing and outreach activities:

- The public will be invited to participate in the process whether though public meetings or surveys.
- · When a change to an existing service or addition of new service is proposed, the ECIA may convene a public meeting to discuss feasibility and to welcome suggestions.
- · Citizens may call the ECIA at 563-556-4166 to lodge a complaint or comment. All complaints/comments are input into a database and then distributed to a designated ECIA employee to research and respond to the complaint.

# ATTACHMENT A ACKNOWLEDGEMENT OF RECEIPT

I am an employee of the ECIA and have received and read the ECIA Title VI Plan. I understand this policy may be amended from time to time to address new concerns or legal issues. I understand I may contact my Department Director, the Director of Finance and HR or the Executive Director with any questions or concerns.

NAME:

| SIGNATURE: |  |  |
|------------|--|--|
| DATE:      |  |  |
|            |  |  |

### ATTACHMENT B ECIA

### **Discrimination Complaint Form**

**Note:** The following information is needed to assist in processing your complaint. Allegations received by telephone will be reduced to writing and provided to complainant for confirmation or revision before processing. Contact the Director of Human Resources and Program Development for an electronic version of this form.

| Complainant Info                       | ormation:   |   |  |
|--|---|---|--|
| Name:                                  |   | <u> </u>  |  |
| Address:                               |   |   |  |
| City:                                  | State:  | Zip Code:   |  |
| Telephone Numb                         | oer (Home):   |   |  |
| Telephone Numb                         | oer (Other):  |   |  |
|  |   |   |  |
| Person Discrimin                       | nated Against (if someone                                   | e other than the Complainant):  |  |
| Name:                                  |   | <u> </u>  |  |
| Address:                               |   |   |  |
| City:                                  | State:  | Zip Code:   |  |
| Telephone Numb                         | oer (Home):   |   |  |
| Telephone Numb                         | oer (Other):  |   |  |
|  |   |   |  |
| N                                      | ace / Color (Specify) (ational Origin (Specify) ex / Gender |   |  |
| On what date(s)                        | (d/m/yr) did the alleged d                                  | iscrimination take place?   |  |
| were discriminate<br>persons were trea | ed against. Indicate who vated differently than you a       | vas possible what happened and was involved. Describe in what wand why you believe these events copy to written material pertaining | vay you believe other occurred. Please use |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |

| List names and contact inform discrimination.   | nation of persons wh | o may have knowledge         | of the alleged      |
|---|----------------------|------------------------------|---------------------|
| Name:   |                      |                              |                     |
| Address:  |                      |                              |                     |
| City:   | State:               | Zip Code:                    |                     |
| Telephone Number (Home):_   |                      |                              |                     |
| Telephone Number (Other):_  |                      |                              |                     |
| Email Address:  |                      |                              | _                   |
| Eman / radiess.   |                      |                              |                     |
| Name:   |                      |                              |                     |
| Address:  |                      |                              |                     |
| Address:  | State:               | <br>Zip Code:                |                     |
| Telephone Number (Home):_   |                      |                              | _                   |
|   |                      |                              | _                   |
| Telephone Number (Other):_<br>Email Address:  |                      |                              | _                   |
| Eman Address.   |                      |                              |                     |
| Have you filed this complaint or state court? Check all that a Federal agency Federal court State agency State court Local agency Other |                      | l, state, or local agency, o | or with any federal |

If a complaint was filed elsewhere, please provide information about a contact person at the agency/court where the complaint was filed.

| If an advisor will b and contact inform                             |                | mplaint process, please provide the advisor's na |
|---|----------------|--|
| and contact inform  | ation.         |  |
| and contact inform  Name:   | ation.         | _  |
| and contact inform  Name:  Business:                                | ation.         |  |
| and contact inform  Name: Business: Address:                        | ation.         |  |
| and contact inform  Name: Business: Address: City:                  | ation.  State: | <br>Zip Code:                                    |
| and contact inform  Name: Business: Address: City: Telephone Number | State:(Home):  |  |

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

This Discrimination Complaint Form and your written complaint statement must be signed and dated for allegation(s) to be addressed.

Additionally, you will need to sign a Consent/Release Form to disclose your name, if necessary, in the course of the inquiry. A Consent/Release Form is attached for your convenience. If you are filing a complaint of discrimination on behalf of another person, this person must also sign a Consent/Release Form to consent to name disclosure in order to proceed.

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. As a complainant, I also understand that if I indicated I will be assisted by an advisor on this form, my signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation.

| Complainant Signature:   | Date:  |
|--|--|
| Attachments: YesNo   |  |
| Submit completed and signed Discrimination Comand any additional information to:  ECIA, 7600 Commerce Park, Dubuque, IA: Phone: 563-556-4166 Fax: 563-556-0348   | 52002  |
| Consent/Release Form for l   | Discrimination Complaints  |
| Name:Organization:Address:   | of an investigation it may become necessary a, hereafter referred to as the "ECIA", to rinstitution under investigation. I am also lests under the Freedom of Information ECIA to disclose information, including d as part of its investigation of my blainant I am protected by the ECIA ion for having taken action or participated |
| Please check one of the two boxes below:   |  |
| reveal my identity to persons at the organization, be identified by me in my formal complaint of discrindiscuss, receive and review materials and informat appropriate administrators or witnesses for the pure doing so, I have read and understand the information material and information received will be used for only. I further understand that I am not required to   I DENY CONSENT to have the ECIA recorganization, business or institution under investig | nination. I also authorize the ECIA to ion about me from the same and with pose of investigating this complaint. In on in this form. I also understand that the authorized civil rights compliance activities authorize this release and do so voluntarily.  |

ECIA disclose any information contained in this complaint with any witnesses I have mentioned in the complaint. In doing so, I understand that I am not authorizing the ECIA to discuss, receive nor review any materials and information about me from the same. In doing so, I have read and understand the information at the beginning of this form. I further understand that my decision to deny consent may impede this investigation and may result in the unsuccessful resolution of my case.

| Signature:                                  | Date:  |
|---|--|
| Sylvanit assemblated and sixuad Consout/Dal | Form (a) with the Disseins in this Complaint   |
| 1 0   | ease Form(s) with the Discrimination Complaint |
| •   | CIA, 7600 Commerce Park, Dubuque, IA 52002     |
| Phone: 563-556-4166 Fax: 563-556-0348       | Email: <u>hmcpherson@ecia.org</u>              |

### ATTACHMENT C

# EAST CENTRAL INTERGOVERNMENTAL ASSOCIATION

### **Limited English Proficiency Plan**

This Limited English Proficiency Plan has been prepared to address the ECIA's responsibilities as a potential recipient of federal financial assistance as they relate to the needs of individuals with limited English language skills accessing the services offered by ECIA. The plan has been prepared in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, et seq, and its implementing regulations, which states that no person shall be subjected to discrimination on the basis of race, color or national origin.

Executive Order 13166, titled Improving Access to Services for Persons with Limited English Proficiency, indicates that differing treatment based upon a person's inability to speak, read, write or understand English is a type of national origin discrimination. It directs each federal agency to publish guidance for its respective recipients clarifying their obligation to ensure that such discrimination does not take place. This order applies to all state and local agencies which receive federal transit funds, including the ECIA.

The ECIA has developed this Limited English Proficiency Plan to help identify reasonable steps for providing language assistance to persons with limited English proficiency [LEP] who wish to access services provided by the transit authority. As defined in Executive Order 13166, LEP persons are those who do not speak English as their primary language and have limited ability to read, speak, write or understand English.

This plan outlines how to identify a person who may need language assistance, the ways in which assistance may be provided, staff training that may be required, and how to notify LEP persons that assistance is available.

In order to prepare this plan, The ECIA undertook the U.S. DOT four-factor LEP analysis which considers the following factors:

- 1. The number or proportion of LEP persons in the service area who may be served or are likely to encounter a The ECIA program, activity or service.
- 2. The frequency with which LEP persons come in contact with The ECIA programs, activities or services.
- 3. The nature and importance of programs, activities or services provided by The ECIA to the LEP population.
- 4. The resources available to The ECIA and overall cost to provide LEP assistance.

# Four-Factor Analysis:

1. The number or proportion of LEP persons in the service area who may be served or are likely to encounter an ECIA program, activity or service.

The ECIA staff reviewed the American Community Survey 2008-2012 Report and determined that 186,624 persons over the age of five live in the ECIA region. A total of 1,673 persons [.9%] indicated they speak English "less than very well." In the ECIA region, 5,043 persons [2.7%] speak a language other than English.

2. The frequency with which LEP persons come in contact with The ECIA programs, activities or services.

The ECIA assessed the frequency with which staff have, or could have, contact with LEP persons. This includes documenting phone inquiries and surveying staff. To date, the ECIA has had no requests for interpreters and no requests for translated ECIA documents. Staff have reported that, as a whole, they have contact with less than 1 LEP persons per month.

3. The nature and importance of programs, activities or services provided by The ECIA to the LEP population.

The overwhelming majority of the population in the ECIA speaks only English. There are social services, professional and leadership organizations within the ECIA service area that focus on outreach to LEP individuals. The ECIA works closely with these organizations.

### 4. The resources available to the ECIA and overall cost to provide LEP assistance.

The ECIA assessed its available resources that could be used for providing LEP assistance, including determining how much a professional interpreter and translation service would cost on an as-needed basis, which of its documents would be the most valuable to be translated if the need should arise, and taking an inventory of available organizations that the ECIA could partner with for outreach and translation efforts.

The amount of staff training that might be needed was also considered. Based on the four-factor analysis, the ECIA developed its LEP Plan as outlined in the following section.

### Limited English Proficiency [LEP] Plan Outline

The ECIA will develop several options to be available to assist LEP individuals to utilize transportation services. These options include:

- · Provide translator services on request.
- · Continue to monitor LEP persons and reevaluate LEP plan as population changes.

### **Language Assistance Measures**

Although there is a very low percentage in the ECIA of LEP individuals, the ECIA will ensure that the following measures are in place:

- The ECIA Title VI Policy and Limited English Proficiency Plan will be posted on the agency website, www.ecia.org.
- · When an interpreter is needed, in person or on the telephone, staff will attempt to determine what language is required and then access language assistance services.

### **Staff Training**

The following training will be provided to ECIA employees:

- · Information on the ECIA Title VI Policy and LEP responsibilities.
- · Description of language assistance services offered to the public.
- · Documentation of language assistance requests.
- · Use of language line service.
- · How to handle a potential Title VI/LEP complaint.

### **Outreach Techniques**

Due to the small local LEP population, the ECIA will initiate an outreach procedure as of 2015. Translation resources are also very limited in this region. However, when and if the need arises for LEP outreach, The ECIA will consider the following options:

- When staff prepares a document, or schedules a meeting, for which the target audience is expected to include LEP individuals, then documents, meeting notices, flyers, and agendas will be printed in an alternative language based on the known LEP population.
- · Bus schedules, maps, and other transit publications will be made available online in an alternative language when and if a specific and concentrated LEP population is identified.

### Monitoring and Updating the LEP Plan

The ECIA will update the LEP as required by U.S. DOT of other federal funding sources. At a minimum, the plan will be reviewed and updated when more detailed data from the 2020 U.S. Census is available, or when it is clear that higher concentrations of LEP individuals are present in the ECIA service area. Updates will 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 transit system's financial resources are sufficient to fund language assistance resources needed.
- · Determine whether the ECIA has fully complied with the goals of this LEP Plan.
- Determine whether complaints have been received concerning the agency's failure to meet the needs of LEP individuals.

### Dissemination of the ECIA LEP Plan

A link to the ECIA LEP Plan and the Title VI Plan will be included on the ECIA website, www.ecia.org.

Any person or agency with internet access will be able to access and download the plan from The ECIA website. Alternatively, any person or agency may request a copy of the plan via telephone, fax, mail, or in person, and shall be provided a copy of the plan at no cost. LEP individuals may request copies of the plan in translation which the ECIA will provide, if feasible.

Questions or comments regarding the LEP Plan may be submitted to the ECIA as follows:

Holly McPherson, Director of Human Resources and Program Development ECIA
7600 Commerce

Park Dubuque, IA 52002 Phone: 563-556-4166

## ATTACHMENT D EAST CENTRAL INTERGOVERNMENTAL ASSOCIATION

### TITLE VI NOTE TO THE PUBLIC

The East Central Intergovernmental Association (ECIA) hereby gives public notice that it is the policy of the ECIA to assure full compliance with Title VI of the Civil Rights Act of 1964, related statutes and regulation providing that no person shall on the ground of race, color, national origin, gender, age or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. The Civil Rights Restoration Act of 1987 amended Title VI to specify that entire institutions receiving federal funds, whether schools, colleges, government entities, or private employers, must comply with Federal civil rights laws, rather than just the particular programs or activities that receive federal funds.

We are also concerned about the impacts of our programs, projects and activities on low income and minority populations ("Environmental Justice") under Title VI. Any person who believes that they are being denied participation in a project, being denied benefits of a program, or otherwise being discriminated against because of race, color, national origin, gender, age, or disability, may contact:

or

Holly McPherson, Title VI Coordinator ECIA

563-556-4166

The Civil Rights Coordinator Office of Employee Services – Civil Rights 800-262-0003

You should contact one of the above individuals as soon as possible but no later than 180 days after the alleged discrimination occurred, or if there has been a continuing course of conduct, no later than 180 days after the alleged discrimination was discontinued. Contact the civil Rights Coordinator to get more information on the Title VI program.

If information is needed in another language, contact 563-556-4166.

# ATTACHMENT E EAST CENTRAL INTERGOVERNMENTAL ASSOCIATION

## List of Investigations, Lawsuits and Complaints

|                | Date<br>(Month, Day,<br>Year) | Summary (include basis of complaint: race, color, or national origin) | Status | Action(s) Taken |
|----------------|-------------------------------|---|--------|-----------------|
| Investigations |                               |   |        |                 |
| 1.             |                               |   |        |                 |
| 2.             |                               |   |        |                 |
| Lawsuits       |                               |   |        |                 |
| 1.             |                               |   |        |                 |
| 2.             |                               |   |        |                 |
| Complaints     |                               |   |        |                 |
| 1.             |                               |   |        |                 |
| 2.             |                               |   |        |                 |