

Title VI Plan

Handishop Industries Inc.

Adopted on: February 10, 2014

Adopted by: Patty Clark-Executive Director

Revised on: _____

This policy is hereby adopted and signed by:

Handishop Industries Inc.

Executive Name/Title: Patty Clark / Executive Director

Executive Signature: Patty Clark

Title VI Plan Elements

1. Policy Statement, Authorities and Citations
2. Notice to the Public
3. Complaint Procedure
4. Complaint Form
5. List of transit related Title VI Investigations, Complaints and Lawsuits
6. Public Participation Plan
7. Language Assistance Plan
8. Minority Representation Table and Description **NIA**

Note: Additional materials will be attached, if required.

Policy Statement, Authorities and Citations

Handishop Industries Inc. assures that it will comply with the following laws and regulations so that no person in the United States will be denied the benefits of, or otherwise be subjected to discrimination in any U.S. DOT or FTA funded program or activity particularly in the level and quality of transportation services and transportation-related benefits on the basis of race, color, national origin, religion, sex, disability, or age:

- ✓ Federal transit laws, specifically 49 U.S.C. 5332, as amended by MAP-21 (prohibiting discrimination on the basis of race, color, religion, national origin, sex, disability, or age, and in employment or business opportunity),
- ✓ Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d,
- ✓ The Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, *et seq.*,
- ✓ The Americans with Disabilities Act of 1990, as amended, 42 U.S.C. 12101 *et seq.*,
- ✓ U.S. DOT regulations, "Nondiscrimination in Federally-Assisted Programs of the Department of Transportation-Effectuation of Title VI of the Civil Rights Act of 1964," 49 CFR part 21,
- ✓ U.S. DOT regulations, specifically 49 CFR parts 27, 37, 38, and 39, and

- ✓ Any other applicable Federal statutes that may be signed into law or Federal regulations that may be promulgated,

As required by 49 CFR 21.7 Handishop Industries Inc. will:

1. Comply with Federal guidance implementing Federal nondiscrimination laws and regulations, except to the extent FTA determines otherwise in writing,
2. Comply with 49 U.S.C. 5332, as amended by MAP-21, 42 U.S.C. 2000d, and 49 CFR Part 21 in the manner it conducts each Project, undertakes property acquisitions, and operates its Project facilities, including: its entire facilities and its facilities operated in connection with its Project.
3. Promptly take the necessary actions to carry out the laws and regulations, including: notifying the public that discrimination complaints about transportation-related services or benefits may be filed with U.S. DOT or FTA, and submitting information about its compliance with these provisions to U.S. DOT or FTA upon their request,
4. Ensure that if it transfers FTA funded real property, structures, or improvements to another party, any deeds and instruments recording that transfer will contain a covenant running with the land assuring nondiscrimination: (1) while the property is used for the purpose that the Federal funding is extended, and (2) while the property is used for another purpose involving the provision of similar services or benefits,
5. Make any changes in its Title VI implementing procedures as U.S. DOT or FTA may request to comply with Title VI of the Civil Rights Act, 42 U.S.C. 2000d, U.S. DOT regulations, 49 CFR part 21, and Federal transit laws, 49 U.S.C. 5332, as amended by MAP-21,
6. Comply with Federal guidance issued to implement Federal nondiscrimination requirements, except as FTA determines otherwise in writing,
7. Extend the requirements of 49 U.S.C. 5332, as amended by MAP-21, 42 U.S.C. 2000d, and 49 CFR part 21 to each Third Party Participant, including: (1) Any Subrecipient, (2) Any Transferee, (3) Any Third Party Contractor or Subcontractor at any tier, (4) Any Successor in Interest, (5) Any Lessee, or (6) Any other Third Party Participant in its Project,
8. Include adequate provisions to extend the requirements of 49 U.S.C. 5332, as amended by MAP-21, 42 U.S.C. 2000d, and 49 CFR part 21 to each third party agreement, including: (1) Each subagreement, (2) Each property transfer agreement, (3) Each third party contract or subcontract at any tier, (4) Each lease, or (5) Each participation agreement, and

As required by U.S. DOT regulations, "Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance," 49 CFR part 27, specifically 49 CFR 27.9, and consistent with 49 U.S.C. 5307(c)(1)(D)(iii), as amended by MAP-21, Handishop Industries Inc. assures that it will:

1. Comply with the following prohibitions against discrimination on the basis of disability, which are a condition of approval or extension of any FTA funding awarded to: (1) Construct any facility, (2) Obtain any rolling stock or other equipment, (3) Undertake studies, (4) Conduct research, or (5) Participate in or obtain any benefit from any FTA administered program, and
2. Ensure any program or activity receiving or benefiting from Federal funding that U.S. DOT administers, no otherwise qualified people with a disability will, because of their disability, be: (1) Excluded from participation, (2) Denied benefits, or (3) Otherwise subjected to discrimination.

The United States has a right to seek judicial enforcement of any matter arising under Title VI of the Civil Rights Act, 42 U.S.C. 2000d, U.S. DOT regulations, 49 CFR part 2.

Handishop Industries Inc. Title VI plan will remain in effect as long as: (1) Federal funding is extended to its project and/or service, (2) Project property is used for a purpose for which the Federal funding is extended, (3) Project property is used for a purpose involving the provision of similar services or benefits, or (4) Ownership or possession is retained of its Project property.

TITLE VI Notice to the Public

Notifying the Public of Rights Under Title VI

Handishop Industries Inc.

Handishop Industries Inc. operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Handishop Industries Inc.

- ✓ For more information on Handishop Industries Inc civil rights program, and the procedures to file a complaint, contact Jessica Thomas at (608) 372-3289; email jthomas@handishop.org. ; Or visit our administrative office at 1411 North Superior Ave Tomah, WI 54660.
- ✓ A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.
- ✓ If information is needed in another language, contact (608) 372-3289.
Si se necesita informacion en otro idioma de contacto, (608) 372-3289.

Handishop Industries, Inc. Grievance Procedure

A copy of this grievance procedure is posted in a conspicuous place and available for review by all employees of Handishop Industries, Inc.

Any grievance procedure is in addition to, and does not limit your right to pursue other remedies, including the courts. The following procedure is used by Handishop Industries, Inc. Other agencies providing services in the community should have similar procedure.

- A grievance is a complaint, difficulty, or disagreement about client rights.
- You, or any person (including employees of an institution) acting on your behalf, may use the grievance procedures.
- There is no limit to the number of grievances, which you may submit.
- The first grievance made will be investigated before any additional complaints you make, except in emergencies. Complaints of several persons about the same issue may be investigated together.
- Forms for filing complaints are available to you. You can file a grievance verbally, also.
- No person may be punished for using the grievance procedure.
- This procedure will also be used as the optional agency informal conference for those clients who file for a fair hearing regarding standard program category service decisions under the Social Security Block Grant.

If you think that your rights have been violated, you have the right to complain, to use the grievance procedure, or bring court action.

Informal Discussion/Optional

You are encouraged, where possible, to first informally discuss any problems you have with the people who are involved. If you still have a problem, you may file a complaint using the procedure described below, or take the matter to court.

STEP 1—COMPLAINT INVESTIGATION

Within 30 days of the incident, you should fill out a complaint form, obtained from the Equal Opportunity Coordinator of Handishop Industries, Inc. and submit to the Equal Opportunity Coordinator of Handishop Industries, 1411 N. Superior Ave., Tomah, WI 54660. The complaint investigator will refer the matter to the supervisor supervising the services over which the grievance arose; this will be done within five (5) working days of receipt of the complaint. The supervisor will investigate the facts and either resolve the dispute or refer the matter to Step 2 filed by the supervisor with the Complaint Investigator. When there is a conflict of interest for the supervisor in resolving the grievance, another supervisor will be appointed by the Complaint Investigator to complete Step 1.

STEP 2—FIRST DECISION

If the complaint is not resolved in Step 1, the Complaint Investigator will review the supervisor's report and may meet with the grievant and/or their representative. After that review and/or meeting, the Complaint Investigator will issue a formal written report. That written report will be issued by the Complaint Investigator within seven (7) working days of the completion of that review; a copy of the written report will be sent to the client at that time. Total time at Step 1 should not exceed 15 working days.

STEP 3—DECISION APPEAL

If you wish to appeal the decision of Step 2, it must be done in writing within 15 working days of the Step 2 decision and directed to the Chief Executive Officer of Handishop Industries, Inc. The CEO of Handishop Industries, Inc. will review the supervisor's report of investigation, the Complaint Investigator's informal decision, and meet with the complainant and/or their representative to discuss the issues in the grievance. The CEO of Handishop Industries, Inc. will then issue a final written decision within 10 working days of receipt of the written request to appeal the Step 3 decision and forward that to you, the grievant.

STEP 4—DECISION APPEAL

If you wish to appeal the decision of Step 3, it must be done in writing within 15 working days of the Step 3 decision and directed to the President of the Board of Handishop Industries, Inc. 1411 N. Superior Ave., Tomah, WI 54660. However, this appeal can only be sent to the President of the Board after the client has signed the appropriate Release of Information permitting members of the Handishop Board to have access to information regarding this specific grievance. If the client does not wish to sign this Release of Information, then Step 4 of the appeal process will involve referring the appeal to another department; to whom the appeal is referred will then issue a final written decision within 10 working days of receipt of the request to appeal. You may, at the end of this process, or at any time during it choose to take the matter to court.

Handishop Industries, Inc.
1411 N. Superior Avenue
Tomah, WI 54660

Telephone: (608) 372-3289
Fax: (608) 372-0770

**Handishop Industries, Inc.
Complaint Form**

COMPLAINANT: _____
ADDRESS: _____
TELEPHONE NUMBER: _____

CLIENT (if not complainant): _____
ADDRESS: _____
TELEPHONE NUMBER: _____

This complaint alleges violation of item _____ (give number, if known) of the patient rights, Wisconsin Statutes 51, Mental Health Act. (Chapter 51).

Describe your complaint. State all facts, including time, place of incident, names of others involved, witnesses (if any), etc.

Relief Sought:

Circle: I (have) (have not) had an informal discussion with the person(s) involved. I (have) (have not) submitted this complaint to the following agency:

Signature of Complainant: _____
Date Submitted: _____ Date Received: _____

List of Transit Related Title VI Investigations, Complaints and Lawsuits

Subrecipient: Handishop Industries Inc.		
Contact Person: Jessica Thomas	Signature:	Date:

Check One:

☒ There have been no investigations, complaint and/or lawsuits filed against us during the report period.

☐ There have been investigations, complaints and/or lawsuits filed against us. *See list below. Attach additional information as needed.*

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

Public Participation Plan

Subrecipient: Handishop Industries Inc.		
Contact Person: Jessica Thomas	Signature:	Date:

Strategies and Desired Outcomes

To promote inclusive participation, Handishop Industries Inc. will use its resources available to employ the following strategies, as appropriate:

- ✓ Handishop provides transportation services to program participants who receive services through our agency.
- ✓ Transportation services are advertised to the referral agency-Family Care organization, IRIS consultant, Care Providers, Guardians.
- ✓ Changes in services are communicated via phone and/or written notice. Any change in transportation services is given a 30 day notice.
- ✓ Feedback is sought at bi-annual meetings with the participant and their care team (care provider, guardian, social worker)
- ✓ An annual survey is completed at the beginning of each calendar year to receive feedback on services as a whole, which includes transportation.

Documented Public Outreach

The direct public outreach and involvement activities conducted by Handishop Industries Inc. are summarized in the table below. Efforts include *meetings, surveys, mailings, etc.*

Information pertinent to each event and/or activity will be provided to WisDOT upon request. Examples include copies of: meeting announcements, agendas, posters, attendee list, etc.

Event Date	Handishop Staffer(s)	Event	Date Publicized and Communication Method (Public Notice, Posters, Social Media)	Outreach Method (Meeting, Focus Group, Survey, etc.)	Notes (Meeting size and format, location, Number of Attendees, etc.)
1/15/14		Annual Survey	Direct Mail to Care Providers/Guardians/Social Workers	Mailed a Survey	Document Responses

5. Customer Service Population Data Analysis

(Link to additional Population Data Analysis Charts)

Program Name(s): Handishop Industries Inc (Complete a separate table for each program or contract checked on the Funded Programs Checklist. If the eligible populations are the same for multiple programs identify programs on the line above.)

Category	Eligible Population Likely to be Encountered in Service Area		Eligible Population Served in Most Recent Calendar or Program Year		Difference
	Number	Percent (%)	Number	One Year %	
*TOTAL eligible Population in service area	43760	100%	198	100%	N/A
White, not of Hispanic origin	42185	96%	188		N/A
African American or African origin	438	Combined #: 2539 1%	3	Combined #: 10 1.5%	.5%
American Indian or Alaska Native	438	1%	1	.5%	-.5%
Asian	219	.5%	4	2%	1.5%
Hispanic/Latino Regardless of age	1444	3%	2	1%	-2%
Native Hawaiian or Other Pacific Islander	0		0		0
Females	21661	49.5%	76	38%	-11.5%
Persons with Disabilities	7116	16%	119	60%	44%

*The number in the first column (Total Eligible Population Likely to be Encountered in Service Area) should be used when completing the LEP customer service language access data table.

If difference is greater than a -2%, please state the reason(s) why your agency may not be providing service to potential eligible participants in the protected categories given above:

Handishop is in the service industry providing work opportunities to persons with disabilities in the form of industrial/manufacturing and janitorial/lawn maintenance.

What can be tried to improve participation?

Increase the knowledge of our service industry and whom we serve. At the beginning on 2010 we created a part time position in Marketing to increase community awareness. Handishop makes every effort to recruit women and minorities by way of advertising.

If denials for service (Includes IM negative decision, licensing activities) have been disproportionate within the last 24 months, please explain:

N/A

Customer Service Population Data Analysis continued

How many informal and formal discrimination complaints were filed within the last 24 months?
Recipients must maintain a log that record at a minimum the date and name of complainants, the nature or type of complaints, the protected status of the complainant and a summary of the disposition of the complaint. A copy of the complaint log must be available for review if a desk audit is completed or at the time an on-site monitoring compliance review is conducted or upon request by the DCF, the DHS or DWD.

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Please comment on the **nature** of the discrimination complaints filed, both formal and informal and their resolution: N/A

Instructions for Completing Customer Service Population Data Analysis

As stated in the Instructions, the purpose of the CSPA is to determine if you are serving eligible participants in the protected categories in the same proportion they are represented in the total eligible population.

Step 1:

- **"Eligible Population Likely to be Encountered"** means the total number of individuals in the service area who may meet the eligibility requirements of a recipient's program(s), whether or not they are currently being served.
- **"Percent of Eligible Participants in Each Protected Category Likely to be encountered"** is computed by dividing the number of each category (combined race/ethnicity, females, and persons with disability) likely to be encountered by the total number of eligible population likely to be encountered in the service area.

Step 2:

- **"Eligible Population Served"** means the number of participants who are enrolled or registered in a program or service administered by a recipient. For purposes of reporting, use the number of participants within a one-year calendar period.
- **"Percent of Eligible Participants in Each Protected Category Served"** is computed by dividing each category (e.g., combined race/ethnicity, females, and persons with disabilities) served by the total number of eligible population served in the service area.

Summary for Customer Service Data Analysis

- Geographic Service Area: Monroe County, WI
- Data Source(s): US Census Bureau
- Data Period: From: To: 2009

This Customer Service Data Analysis was prepared by:

Jessica Thomas
Name of Preparer

Jessica Thomas 10/27/10

6. Limited English Proficiency (LEP) Data Analysis ([Link to additional LEP Data Analysis Charts](#))

As stated in the Instructions, the purpose of the analysis is for your agency to plan for the translation of vital documents to meet the “safe harbor” federal guidelines. The analysis is also useful to determine which language groups are present in your service area, the degree to which members of these language groups are being served and the steps being taken to improve language access to services and programs. Your agency is required to provide oral language interpreters to all customers who consider themselves as LEP and who present themselves to your agency on a walk-in or telephone basis. This analysis is intended to assist your agency with determining the size of each LEP group, the languages spoken in the service area and the methods your agency will use to ensure full and meaningful access to all of your programs and services. Oral language and translation of vital information/documents must be provided at no cost to the customer.

LEP Customer Data Analysis for Translation of Vital Documents

- **“Number of Eligible Population Likely to be Encountered in Service Area”** means the total number of individuals in the service area who may meet the eligibility requirements of the recipient’s program(s), whether or not they are currently being served. These include eligible LEP participants. This numbers should reflect the numbers entered into the Customer Service Population Analysis column “Eligible Population Likely to be Encountered in the Service area for each program being analyzed.
- **“Number of Eligible LEP Population Likely to be Encountered in Service Area”** mean the total number of LEP participants currently served or those who meet the eligibility requirements of the recipient’s program, whether or not they are currently being served.
- **“Percentage of Eligible LEP Population Served or Likely to be Encountered in Service Area”** is computed by dividing the number of eligible LEP population served or likely to be encountered by the number of the total eligible population served or likely to be encountered.
- **“LEP population served in the service area”** This data, while not required to determine translation or interpretation needs is useful in analyzing services provided to LEP populations.

We assure that we have completed the analyses for the _____ programs administered by _____ agency.

Program Names: Handishop Industries Inc. (Complete a separate table for each program or contract checked on the _____ Funded Programs Checklist of the Plan.)

Note: From the CUSTOMER SERVICE POPULATION ANALYSIS data table (for this program): use the “total Eligible Population Likely to be Encountered in Service Area – number” here: Total Eligible Population Likely to be Encountered in Service Area (Number) (a) = 43760.

Eligible LEP Population Likely to be Encountered in Service Area (by Language)	Percent of Eligible LEP Likely to Be Encountered	LEP population Served in the Service Area	Written Translation of Vital Documents	Written Notice to Community of Oral Language Assistance & Translation of Vital Documents
Number (b)	Percent (c) $c = (b/a \times 100)$	Served (d)	Check Yes if eligible LEP pop. (column c) is 5% or column b is 1,000 or more	Check Yes if eligible LEP pop. is less than 5% or Less than 1,000
Spanish: 963	2.2	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hmong:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Russian:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
BSC(*):			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Somali:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(*) BSC = Bosnian/Serbian/Croatian

Summary for LEP Customer Data Analysis

- Service Area: Monroe County, WI
- Data Source(s): City Data.com for Monroe County
- Data From Previous 12 Months - From: To: 2009

Please comment on the nature and resolution of LEP related discrimination complaints filed, both formal and informal:

N/A

This LEP Customer Data Analysis was prepared by:

Jessica Thomas
Name of Preparer

Jessica Thomas
Signature of Preparer

10-27-10
Date Signed

Services to LEP Language Groups

Please check all that apply to your agency's service to the eligible language groups in your service area:

- a. ☒ Oral interpretation is provided upon request at no charge to the customer.
- b. ☐ We only hire qualified interpreters (certificate of completion from any recognized training providers, see definition on page 17).
- c. ☐ We routinely collect information regarding the LEP participant's preferred primary language to alert the agency of the need for a qualified interpreter. The language information per LEP patient is part of our database.

Written Translation:

- d. ☐ Our entity has identified and inventoried all vital documents for our programs or services and the inventory list is available for inspection.
- e. ☐ The eligible LEP population that is likely to be encountered in our service area constitutes 5% or 1,000; therefore, the entity will provide written translation of vital documents.
- f. ☒ There are fewer than 5% and less than 1,000 persons in a language group. Our agency will provide written notice to those LEP groups in their primary language of their right to receive oral language interpretation and written vital materials, free of cost.

7. Equal Opportunity Policy and LEP Policy and Notification

1. Our agency is utilizing the DCF, DHS, DWD model for Equal Opportunity Policy Statement that is provided in Appendix D .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Instead of utilizing the model Equal Opportunity Policy Statement provided by the DCF, DHS, DWD, we are using our own policy statement.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Our agency is utilizing the DCF, DHS, DWD model for LEP Policy Statement that is provided in Appendix E .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Instead of utilizing the model for LEP Policy Statement provided by DCF, DHS, DWD, we have provided our own policy statement.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Our equal opportunity policy includes all of the protected groups required by federal and state employment and service delivery laws and our LEP Policy reflects the LEP Federal Guidance and DCF, DHS, and DWD requirements.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. We will disseminate the policy statements for both Equal Opportunity and LEP in the following ways:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a) The policies are included in our policy and operating procedures manual.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b) The policies are permanently posted where current customers and applicants applying for services may review and read them in their own languages.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c) The policies are reviewed annually and updated by the Agency Head, Managers, Supervisors and Frontline staff.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d) An Equal Opportunity in Employment and Service Delivery statement is posted in required languages on our entity's home web page.	<input type="checkbox"/> Yes <input type="checkbox"/> No N/A

e) The EO and LEP policies are available in alternate formats upon request (i.e., relevant language translations, large print, on tape, Braille.) If electronic information is used exclusively, text to voice and voice to text software is provided for persons with sensory or physical disabilities when requested.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f) Is a short form of the policies included in recruitment materials, use of media, publications, phone listings, directories and web site(s)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
g) USDA-FNS funded programs require nondiscrimination statements for FNS programs. The nondiscrimination statement does not need to be included in every page of the program brochures or Web pages. At the minimum, the statement can be linked to the home page. <ul style="list-style-type: none"> Does your agency' sources of information, such as brochures, Web sites, and other outreach material include the FNS nondiscrimination statement? Does the County or local agencies instruct their sub-recipients to inform the public about FNS programs and nondiscrimination statement? 	<input checked="" type="checkbox"/> Does not Apply <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
h) The EO and LEP policies are incorporated in contracts, agreements and Purchase Orders with vendors and contractors for services.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
i) Customer referral sources are notified of the EO and LEP policies.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If you responded "No" to a question above, you should be prepared to describe your plan for addressing this requirement, including target dates for completion upon request.

8. Designation of an Equal Opportunity Coordinator and LEP Coordinator

1. Management level employees are appointed to the positions of Equal Opportunity Coordinator (EOC) and Limited English Proficiency Coordinator (LEPC).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Our EOC and LEPC have direct access to the organization head to discuss equal opportunity and LEP issues or activities.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Our EOC and LEPC receive or will receive civil rights training within two months of assuming duties. <ul style="list-style-type: none"> Indicate date EOC received CRC Training <u>2/1/2010</u> Indicate date LEPC received CRC Training <u>2/1/2010</u> 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. The names of our EOC and LEPC are typed on the Recipient Contact Information and Signature Page and the individuals signed the page indicating an understanding of their responsibilities.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. Our EOC and LEPC have the following responsibilities:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a) Handling service delivery, employment discrimination and language access complaints.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b) Disseminating equal opportunity and language access information to provider staff and interested persons.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c) Preparing equal opportunity and language access plans and reports.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d) Acting as a liaison between the provider, DCF, DHS, DWD federal agencies and the community.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e) Monitoring, conducting compliance reviews, and evaluating equal opportunity and language access activities in the organization.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

f) The EOC and LEPC have responsibility for monitoring and evaluating civil rights, cultural awareness, disability sensitivity, language needs of entity/provider staff and arrange annual training.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
g) If the primary recipient, vendor or entity sub-contracts part of the funding, who is responsible for ensuring training, monitoring, evaluating and ensuring civil rights, cultural awareness, disability sensitivity, and language needs are being met: <ul style="list-style-type: none"> • Provide Name: <u>Jessica Thomas</u> • Sub-recipients/Subcontractors • Supervisors/Managers/Administrators • Frontline Staff 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
h) Maintaining equal opportunity files and confidential records. Monitoring the records and files relative to the organization's civil rights program and ensuring that sub-recipients and sub-grantees are maintaining records uniformly for all individuals, regardless of protected status.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
i) Providing input to management to improve language access and equal opportunity in employment and service delivery.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
j) Where functions relate to equal opportunity and language access, the LEPC and EOC will plan and carry out functions in unison.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If you responded "No" to a question above, you should be prepared to describe your plan for addressing this requirement, including target dates for completion upon request.