
Title VI Implementation Plan



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Title VI Policy Statement

The **United Cerebral Palsy Association of Central Arizona** policy assures full compliance with Title VI of the Civil Rights act of 1964 and related statutes and regulations in all programs and activities. Title VI states that “no person shall on the grounds of race, color, national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination” under any **United Cerebral Palsy Association of Central Arizona** sponsored program or activity. There is no distinction between the sources of funding.

United Cerebral Palsy Association of Central Arizona also assures that every effort will be made to prevent discrimination through the impacts of its programs, policies and activities on minority and low-income populations. Furthermore, **United Cerebral Palsy Association of Central Arizona** will take reasonable steps to provide meaningful access to services for persons with limited English proficiency.

When **United Cerebral Palsy Association of Central Arizona** distributes Federal-aid funds to another entity/person, **United Cerebral Palsy Association of Central Arizona** will ensure all sub-recipients fully comply with **United Cerebral Association of Central Arizona** Title VI Nondiscrimination Program requirements. The **Chief Executive Officer** has delegated the authority to Mary Kellogg Program Manager, Title VI Program Coordinator, to oversee and implement FTA Title VI requirements.



Brenda Hanserd, CEO

Title VI Notice to the Public

Notifying the Public of Rights Under Title VI **UNITED CEREBRAL PALSY ASSOCIATION OF CENTRAL ARIZONA**

The **UNITED CEREBRAL PALSY ASSOCIATION OF CENTRAL ARIZONA** operates its programs and services without regard to race, color, national origin in accordance with Title VI of the Civil Rights Act of 1964. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the **UNITED CEREBRAL PALSY ASSOCIATION OF CENTRAL ARIZONA**.

For more information on the **UNITED CEREBRAL PALSY ASSOCIATION OF CENTRAL ARIZONA**'s civil rights program, and the procedures to file a complaint, contact Title VI Coordinator **Mary Kellogg**, 602-943-5472; email mkellogg@ucpofcentralaz.org; or visit our administrative office at **1802 West Parkside, Lane Phoenix, Arizona 85027**. For more information, visit www.ucpofcentralaz.org

A complainant may file a complaint directly with the City of Phoenix Public Transit Department or the Federal Transit Administration (FTA) by filing a complaint directly with the corresponding offices of Civil Rights: **City of Phoenix Public Transit Department**: ATTN: Title VI Coordinator, 302 N. 1st Ave., Suite 900, Phoenix AZ 85003 **FTA**: ATTN: Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590.

Para información en Español llame a: **Karla Verdugo 602-682-1870**

Title VI Notice to the Public - Spanish

Aviso al Público Sobre los Derechos Bajo el Título VI UNITED CEREBRAL PALSY ASSOCIATION OF CENTRAL ARIZONA

UNITED CEREBRAL PALSY ASSOCIATION OF CENTRAL ARIZONA (y sus subcontratistas, si cualquiera) asegura cumplir con el Título VI de la Ley de los Derechos Civiles de 1964. El nivel y la calidad de servicios de transporte serán provehidos sin consideración a su raza, color, o país de origen.

Para obtener más información sobre la **UNITED CEREBRAL PALSY ASSOCIATION OF CENTRAL ARIZONA'S** programa de derechos civiles, y los procedimientos para presentar una queja, contacte **Karla Verdugo, 602-682-1820**; o visite nuestra oficina administrativa en 1802 West Parkside Lane, Phoenix, Arizona 85027. Para obtener más información, visite www.ucpofcentralaz.org

El puede presentar una queja directamente con City of Phoenix Public Transit Department o Federal Transit Administration (FTA) mediante la presentación de una queja directamente con las oficinas correspondientes de Civil Rights: City of Phoenix Public Transit Department: ATTN: Title VI Coordinator 302 N. 1st Ave., Suite 900, Phoenix AZ 85003 FTA: ATTN Title VI Program Coordinator, East Building, 5th Floor –TCR 1200 New Jersey Ave., SE Washington DC 20590.

*The above notice is posted in the following locations: **1802 WEST PARKSIDE LANE, PHOENIX, ARIZONA 85027, 22601 NORTH 17TH AVENUE, Suite 150 PHOENIX, ARIZONA 85027***

This notice is posted online at WWW.UCPOFCENTRALAZ.ORG

Title VI Complaint Procedures

UNITED CEREBRAL PALSY OF CENTRAL ARIZONA Complaint Procedure

Any person who believes that he or she has been excluded from participation in, been denied the benefits of, or otherwise subjected to unlawful discrimination under any United Cerebral Palsy Association of Central Arizona program or activity, and believes the discrimination is based upon race, color or national origin may file a complaint with the UCP Title VI Coordinator. This anti-discrimination protection also extends to the activities and programs of UCP third party contractors. Any such complaint must be filed within 180 days of the alleged discriminatory act (or latest occurrence).

Passengers using federally funded public transportation are entitled to equal access, seating and treatment. Under Title VI of the Civil Rights Act of 1964 (as amended) and related statutes, UCP must ensure that no person 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 federally funded program, activity or service it administers.

Complaints for alleged non-compliance with Title VI and related statutes may be lodged with the UCP Title VI Coordinator. Any such complaint must be filed within 180 day of the alleged discriminatory act (or latest occurrence). A complainant is dissatisfied with a UCP decision may file a complaint with the COP or FTA office of civil rights: City of Phoenix: ATTN Title IV Program Coordinator 302 Nth 1st Ave Suite 900 Phoenix 85003 or FTA ATTN Tittle IV Coordinator E Bldg. 5th floor New Jersey Ave ,SE Washington, DC, 20590

To submit a claim by mail or in person, please fill out the printable complaint form and mail/take to:

United Cerebral Palsy of Central Arizona
1802 West Parkside Lane
Phoenix, Arizona 85027
Email: mkellogg@ucpofcentralaz.org
Phone: 602-943-5472

Complaints received by the UCP Title VI coordinator will be investigated in accordance with Federal standards (28CFR Part 35 and FTA Circular 4702.1B). After the complaint is processed UCP will respond to the complainant and, if warranted by the investigation, take appropriate action. The City of Phoenix, as the designated recipient of federal funds for the region, is responsible for monitoring this process.

A complainant dissatisfied with UCP's decision may file a complaint with the City of Phoenix, or the Federal Transit Administration (FTA) offices of Civil Rights: City of Phoenix: ATTN Title VI Program Coordinator, 302 N. 1st Avenue, Suite 900, Phoenix, AZ, 85003; FTA: ATTN Title VI Program Coordinator, East Building, 5th Floor-TCR 1200 New Jersey Avenue, SE Washington, DC, 20590.

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
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 Title VI 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:

United Cerebral Palsy Association of Central Arizona: Mary Kellogg

1802 West Parkside Lane

Phoenix, Arizona 85027

602-682-1839

mkellogg@ucpofcentralaz.org

A copy of this form can be found online at www.ucpofcentralaz.org

Title VI Forma de Quejas

Seccion I:		
Nombre:		
Domicilio:		
Telefono (Casa):	Telefono (Trabajo):	
Correo Electronico:		
Requisitos accesibles en el formato?	<input type="checkbox"/> Imprenta Grande	<input type="checkbox"/> Cinta de Audio
	<input type="checkbox"/> TDD ?	<input type="checkbox"/> Otra
Seccion II:		
¿Está presentando esta queja en su propio nombre?	<input type="checkbox"/> Si*	<input type="checkbox"/> No
<i>*Si a respondido "si" a esta pregunta, valla a Sección III.</i>		
Si no, por favor provéanos con el nombre y la relación de la persona por cual está usted haciendo la queja.		
Por favor, explique por qué usted ha presentado para un tercero:		
Por favor, confirma que ha obtenido el permiso de la parte perjudicada, si usted está presentando en nombre de un tercero.	<input type="checkbox"/> Si	<input type="checkbox"/> No
Seccion III:		
Creo que la discriminación que experimenté fue basado en (marque todo lo que corresponda):		
<input type="checkbox"/> Raza	<input type="checkbox"/> Color	<input type="checkbox"/> Nacionalidad/Origen
Fecha de la Discriminación Presunta (mes, día, año): _____		
Explique lo más claro posible lo ocurrido y porque usted cree que fue discriminado. Describa todas las personas involucradas. Incluya nombres e información de contacto de las personas que discriminaron contra usted (si se conoce) también de los nombres e información de contacto de cualquier testigo. Si necesita más espacio, use la parte de atrás de esta forma.		

Seccion VI:		
¿Ha presentado previamente una queja del Título VI con esta agencia?	<input type="checkbox"/> Si	<input type="checkbox"/> No

En caso afirmativo, provéanos cualquier información de referencia con respecto a su queja anterior.

Seccion V:

¿Ha presentado esta queja con cualquier otro, estatal o agencia local Federal, o con cualquier corte federal o estatal?

Si No

En caso afirmativo, marque todo lo que corresponda:

Agencia Federal: _____

Corte Federal: _____ Agencia Estatal: _____

Corte Estatal: _____ Agencia Local: _____

Por favor preveenos información de contacto de la persona de la agencia/corte en donde la queja fue archivada.

Nombre:

Título:

Agencia:

Domicilio:

Telefono:

Seccion VI:

Nombre de la agencia por cual la queja es encontra:

Nombre de la persona por cual la queja es encontra:

Título:

Locacion:

Numero de telefono (si es conoce):

Puede adjuntar cualquier material escrito o cualquier otra información que usted piensa que es relevante para su queja. Su firma y la fecha están obligados a continuación

Firma

Fecha

Por favor, envíe este formulario en persona a la dirección indicada más abajo, o por correo:

United Cerebral Palsy Association of Central Arizona: Karla Verdugo

1802 West Parkside Lane

Phoenix, Arizona 85027

602-682-1870

kverdugo@ucpofcentralaz.org

Una copia de este formulario se puede encontrar en: **www.ucpofcentralaz.org**

Title VI Investigations, Complaints, and Lawsuits

This form will be submitted annually. If no investigations, lawsuits, or complaints were filed, a blank form will be submitted.

Description/Name	Date (Month, Day, Year)	Summary (include basis of complaint: race, color, national origin)	Status	Action(s) Taken (Final findings?)
Investigations				
1)				
2)				
Lawsuits				
1)				
2)				
Complaints				
1)				
2)				

United Cerebral Palsy Association of Central Arizona has not had any Title VI complaints, investigations, or lawsuits from 2015 to 2018.

Public Participation Plan

UNITED CEREBRAL PALSY ASSOCIATION OF CENTRAL ARIZONA Public Participation Plan



United Cerebral Palsy Association of Central Arizona 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 or surveys. As an agency receiving federal financial assistance, United Cerebral Palsy Association of Central Arizona the following community outreach efforts:

UCP OF CENTRAL ARIZONA CONDUCTS SURVEYS ON A QUARTERLY BASIS, EACH JANUARY, APRIL, JULY AND OCTOBER.

IN ADDITION, UCP OF CENTRAL ARIZONA PUBLISHES A COMMUNITY NEWS LETTER EACH QUARTER

AN ANNUAL REPORT IS PUBLISHED EACH YEAR, FOLLOWING THE END OF THE FISCAL YEAR

In the upcoming year United Cerebral Palsy Association of Central Arizona will make the following community outreach efforts:

IN THE UPCOMING YEAR THE UNITED CEREBRAL PALSY ASSOCIATION OF CENTRAL ARIZONA COMMITS TO CONDUCTING ONE PUBLIC MEETING IN AN EFFORT TO INCREASE COMMUNITY OUTREACH.

Public Meetings:

- (1) Public meetings are scheduled to increase the opportunity for attendance by stakeholders and the general public. This may require scheduling meetings during non-traditional business hours, holding more than one meeting at different times of the day or on different days, and checking other community activities to avoid conflicts.
- (2) When a public meeting or public hearing is focused on a planning study or program related to a specific geographic area or jurisdiction within the region, the meeting or hearing is held within that geographic area or jurisdiction.
- (3) Public meetings are held in locations accessible to people with disabilities and are located near a transit route when possible.

UNITED CEREBRAL PALSY ASSOCIATION OF CENTRAL ARIZONA submits to the City of Phoenix annually an application for funding. Part of the annual application is a public notice that is distributed by the Maricopa Association of Governments, which includes a 30-day public comment period.

Limited English Proficiency Plan

UNITED CEREBRAL PALSY ASSOCIATION OF CENTRAL ARIZONA

Limited English Proficiency Plan



UNITED CEREBRAL PALSY ASSOCIATION OF CENTRAL ARIZONA 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 **UNITED CEREBRAL PALSY ASSOCIATION OF CENTRAL ARIZONA** 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.

The 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 **UNITED CEREBRAL PALSY ASSOCIATION OF CENTRAL ARIZONA'S** extent of obligation to provide LEP services, the **UNITED CEREBRAL PALSY ASSOCIATION OF CENTRAL ARIZONA** 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 **UNITED CEREBRAL PALSY ASSOCIATION OF CENTRAL ARIZONA'S** service area who may be served or likely to encounter by **UNITED CEREBRAL PALSY ASSOCIATION** program, activities, or services;
- 2) The frequency with which LEP individuals come in contact with **THE UNITED CEREBRAL PALSY ASSOCIATION**;
- 3) The nature and importance of the program, activities or services provided by the **UNITED CEREBRAL PALSY ASSOCIATION** to the LEP population; and
- 4) There are resources available to **UNITED CEREBRAL PALSY ASSOCIATION OF CENTRAL ARIZONA** and overall costs to provide LEP assistance. A brief description of these considerations is provided in the following section.

A statement in **SPANISH** 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

UNITED CEREBRAL PALSY ASSOCIATION 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) Title VI Notice
- (2) Complaint Procedures
- (3) Complaint Form

In addition, we will conduct our marketing (including using translated materials) in a manner that will Reach 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) Bus Schedules
- (5) Route Changes

Public Hearings

UNITED Cerebral Palsy of Central Arizona, Adopt the City of Phoenix/Valley Metro 2018 plan, see attached at the end of this document.

Non-elected Committees Membership Table

A sub recipient who selects 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. Sub recipients also must include a description of the efforts made to encourage participation of minorities on these boards, councils, and committees.

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

Body	Caucasian	Latino	African American	Asian American	Native American
UCP Board of Directors	8	1		1	

The United Cerebral Palsy Association encourages the participation of minorities on the Board of Directors by strategically participating in community events, scheduling one-to-one meetings with likely candidates and soliciting participation through publications, such as, community newsletters.

Monitoring for Sub recipient Title VI Compliance

UNITED CERBRAL PALSY ASSOCIATION OF CENTRAL ARIZONA does NOT monitor sub recipients for Title VI compliance.

Title VI Equity Analysis

A sub recipient 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 sub recipient organization receives any FTA dollars, it must comply with this requirement.

No facilities covered by these requirements were developed since 2012.

A. Introduction

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. Per 49 CFR 21.9(b)(3), recipients may not select the site or location of facilities with the purpose or effect of excluding persons from, denying the benefits of, or subjecting them to discrimination on the basis of race, color, or national origin. Additionally, the location of projects requiring land acquisition and the displacement of persons from their residences and business may not be determined on the basis of race, color, or national origin.

Board Approval for the Title VI Program

**United Cerebral Palsy Association of Central Arizona
Board Minutes, January 22, 2019**