1.0 Title VI/Nondiscrimination Policy Statement and Management Commitment to Title VI Plan

49 CFR Part 21.7(a): Every application for Federal financial assistance to which this part applies shall contain, or be accompanied by, an assurance that the program will be conducted or the facility operated in compliance with all requirements imposed or pursuant to 49 CFR Part 21.

The Lowndes County Transit Department assures the Georgia Department of Transportation ("GDOT") that no person shall on the basis of race, color, national origin, age, disability, family or religious status, as provided by Title VI of the Civil Rights Act of 1964, Federal Transit Laws, (the "Acts"); 49 CFR Part 21 Unlawful Discrimination, Nondiscrimination In Federally-Assisted Programs Of The Department Of Transportation (the "Regulations"); and as per written guidance under Federal Transit Authority ("FTA") Circular 4702.1B, dated October 1, 2012; be unlawfully excluded from participation in, denied the benefits of, or otherwise subjected to unlawful discrimination or retaliation under any program or activity undertaken by the Lowndes County Transit Department.

The Lowndes County Transit Department further agrees to the following responsibilities with respect to its programs and activities:

1. Designate a Title VI Liaison that has a responsible position within the organization and access to the Lowndes County Manager or authorized representative.
2. Issue a policy statement signed by the Chairman of the Lowndes County Board of Commissioners (or authorized representative), which expresses Lowndes County's commitment to the applicable nondiscrimination provisions of the Acts and the Regulations. The policy statement shall be circulated throughout the Lowndes County Transit Department and its Third-Party Operator's (MIDS, Inc.) organization and to the general public. Such information shall be published where appropriate in language(s) other than English.
3. Insert the clauses of Section 4.5 of this Title VI Plan into every contract subject to the Acts and the Regulations.
4. Develop a complaint process and attempt to resolve complaints of unlawful discrimination against the Lowndes County Transit Department or its TPO.
5. Participate in appropriate training offered on the Title VI and other nondiscrimination requirements.
6. If required by GDOT or any other state or federal regulatory agency having jurisdiction, take affirmative actions to correct any unlawful discrimination deficiencies found within a reasonable time period, not to exceed ninety (90) days.
7. Have a process to collect racial and ethnic data on persons impacted by the TPO's operations.
8. Submit the information required by FTA Circular 4702.1B to the GDOT. (refer to Appendix A of this Plan)

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal funds, grants, loans, contracts, properties, discounts or other federal financial assistance under all Federal Transit Authority programs and activities and is binding. The person whose signature appears below is authorized to sign this assurance on behalf of Lowndes County.

Signature: Bill Slaughter

Bill Slaughter, Chairman, Lowndes County Board of Commissioners: March 10, 2015

Appendix D
Title VI Notice to Public

Notifying the Public of Rights Under Title VI

The Lowndes County Transit Department

- The Lowndes County Transit Department 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 MIDS, Inc. the transit operator, or with the Lowndes County Transit Department.
- For more information on The Lowndes County Transit Department's civil rights program, and the procedures to file a complaint, contact (229) 671-2400; email kbeals@lowndescounty.com; or visit MIDS, Inc's administrative office at 1610 River Street, Valdosta, GA 31601 or the Transit Department's administrative office at 327 N. Ashley Street, Valdosta, GA 31601. For more information, visit www.lowndescounty.com
- If information is needed in another language, contact (229) 671-2400 (Phone #)
- You may also file your complaint directly with the FTA at: Federal Transit Administration Office of Civil Rights Attention: Title VI Program Coordinator, East Building, 5th Floor - TCR 1200 New Jersey Ave., SE, Washington, DC 20590

Notificación al Público de los Derechos Bajo el Título VI

La sistema de tránsito de Lowndes County

• La sistema de tránsito de Lowndes County opera sus programas y servicios, sin distinción de raza, color y origen nacional, de conformidad con el Título VI del Acta de Derechos Civiles. Cualquier persona que cree que él o ella ha sido agraviada por cualquier práctica discriminatoria ilegal bajo el Título VI, puede presentar una queja [MIDS, Inc.] con el sistema de transporte Lowndes County.

- Para obtener más información sobre la programa de derechos civiles de La sistema de tránsito de Lowndes County, y los procedimientos para presentar una queja, contacte a (229) 671-2411; email kbeals@lowndescounty.com; o visite MIDS, Inc. la oficina administrativa en 1610 River Street, Valdosta, GA 31601 or en la oficina administrativa del Departmento de Tránsito en 327 N. Ashley Street, Valdosta, GA 31601. Para obtener más información, visite www.lowndescounty.com]

• Si se necesita información en otro idioma, el contacto (229) 671-2400 (Teléfono)

• También puede presentar su queja directamente con el FTA en: Oficina Federal de Administración de Tránsito de Derechos Civiles Atención: Coordinador de Programa del Título VI, East Building, 5th Floor - TCR
1200 New Jersey Ave., SE, Washington, DC 20590

The Lowndes County Transit Department

Title VI Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):		Telephone (Work):		
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	

Section II:		
Are you filing this complaint on your own behalf?	Yes*	No
*If you answered "yes" to this question, go to Section III.		
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.	Yes	No

Section III:

I believe the discrimination I experienced was based on (check all that apply):

[ ] Race [ ] Color [ ] National Origin [ ] Age

[ ] Disability [ ] Family or Religious Status [ ] Other (explain) _____

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 IV		
Have you previously filed a Title VI complaint with this agency?	Yes	No

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:	
Contact person:	
Title:	
Telephone number:	

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

Signature and date required below

_____ _____

Signature Date

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

Kevin Beals
Administrator for Title VI Program for Transit
Lowndes County
327 N. Ashley Street
Valdosta, GA 31601

La sistema de tránsito de Lowndes County

Formulario de Queja del Título VI

Sección I:				
Nombre:				
dirección:				
Teléfono (Casa):		Teléfono (Trabajo):		
Dirección de Correo Electrónico:				
Requisitos formato accesible?	Letra Grande		Audio Tape	
	TDD		Other	

Sección II:		
¿Está usted presentando esta queja en su propio nombre?	Si*	No
* Si usted contestó "sí" a esta pregunta, ve a la sección III.		
Si no es así, por favor proporcione el nombre y la relación de la persona a la que usted se queja:		
Por favor, explique por qué usted ha presentado por un tercero: _____		
Por favor, confirma que ha obtenido el permiso de la parte perjudicada, si usted está presentando en nombre de un tercero.	Si	No

Sección III:

Creo que la discriminación que experimenté fue basado en (marque todo lo que corresponda):
[] Raza [] Color [] Origen Nacional [] Edad
[] Discapacidad [] Familia o Estado religioso [] Otro (explicar) _____

Fecha de la Discriminación Presunta (Mes, Día, Año): _____

Explique lo más claramente posible lo que pasó y por qué cree que fue discriminado. Describir todas las personas que estuvieron involucradas. Incluya el nombre y la información de contacto de la persona (s) que lo discriminó (si se conoce), así como los nombres y la información de contacto con los testigos. Si se necesita más espacio, por favor use el reverso de este formulario._____

_____

Sección IV:		
¿Ha presentado anteriormente una queja del Título VI con esta agencia?	Si	No

Sección V:

¿Ha presentado esta queja ante cualquier otro, estatal o agencia local Federal, o con cualquier tribunal federal o estatal?
[] Sí [] No

En caso afirmativo, marque todo lo que corresponda: [] Agencia Federal:_____ [] Tribunal Federa:_____ [] Agencia Estatal: _____ [] Tribunal Estatal: _____ [] Agencia Local: _____
Sírvanse proporcionar información acerca de una persona de contacto en la agencia / tribunal donde se presentó la queja.
Nombre:
título:
agencia:
dirección:
Teléfono:
Sección VI:
Nombre de la agencia de queja es en contra:
Persona de contacto:
título:
Teléfono:

Puede adjuntar cualquier material escrito o cualquier otra información que usted piensa que es relevante para su queja.
Firma y fecha requerida a continuación

_____ _____

Firma Fecha

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

Kevin Beals
Administrator for Title VI Program for Transit
Lowndes County
327 N. Ashley Street
Valdosta, GA 31601