



UPPER COASTAL PLAIN RURAL PLANNING ORGANIZATION TITLE VI PROGRAM PLAN

Non-Discrimination Plan

[Abstract](#)

This policy is an expression of our commitment to nondiscrimination and support of the Title VI Program.

Date Adopted: March 13, 2019

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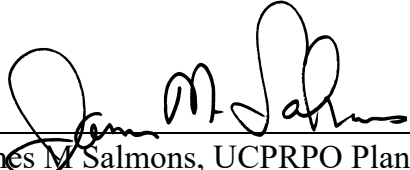
TITLE VI POLICY STATEMENT AND NOTICE OF NONDISCRIMINATION

It is the policy of Upper Coastal Plain Rural Planning Organization (UCPRPO), as a federal-aid recipient, to ensure that no person shall, on the ground of **race, color, national origin, Limited English Proficiency, sex, age, or disability, (and low-income, where applicable)**, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any of our programs and activities, as provided by Title VI of the Civil Rights Act of 1964, Executive Orders 12898 and 13166, the Civil Rights Restoration Act of 1987, and other pertinent nondiscrimination authorities.

If you feel you have been subjected to discrimination, you may file a complaint. Allegations of discrimination should be promptly reported to our Title VI Coordinator.

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This policy is an expression of our commitment to nondiscrimination and support of the Title VI Program.



James M Salmons, UCPRPO Planner
September 4, 2018

Date

Implementation (Dissemination)

- This Policy Statement contains contact information for the Title Coordinator, and it will also serve as our notice to public.
- This statement will be signed by designated Rural Planning Coordinator of the Upper Coastal Plain Rural Planning Organization (UCPRPO), and re-signed whenever a new person assumes that position.
- The signed statement will be posted on office bulletin boards, near the receptionist's desk, in meeting rooms, and disseminated within brochures and other written materials.
- The statement will be incorporated into Title VI training and acknowledgement activities.
- The statement will be posted or disseminated in languages other than English, when appropriate.
- Low-income will be applicable to our programs, policies and activities under Environmental Justice when determining if there will be disproportionately high and adverse effects.

STANDARD USDOT TITLE VI ASSURANCES

Please refer to Appendix A of this Plan for a copy of our completed, signed USDOT Title VI Assurances.

ORGANIZATION & STAFFING

Rural Planning Organizations (RPOs) were established by the State of North Carolina in recognition of the need for more coordinated transportation planning in rural areas not within an MPO. An RPO is a voluntary organization of local officials formed through a Memorandum of Understanding to work cooperatively with NCDOT to plan rural transportation systems and to advise NCDOT on rural transportation policy. GS 136-212 identifies four primary duties for RPO's: 1) Develop, in cooperation with NCDOT, long-range, local and regional multimodal transportation plans, 2) Provide a forum for public participation in the transportation planning process, 3) Develop and prioritize suggestions for transportation projects the organization believes should be included in the State's Transportation Improvement Program, and 4) Provide transportation-related information to local governments and other interested organizations and persons. According to GS 136-211 (b), Rural Transportation Planning Organizations shall include representatives from contiguous areas in three to fifteen counties, or a total population of the entire area represented of at least 50,000 persons according to the latest population estimate of the Office of State Budget and Management. RPOs receive SPR funds from NCDOT's Transportation Planning Division (TPD).

The Upper Coastal Plain RPO was established in 2003. Our planning area includes the following counties: Edgecombe, Johnston, Nash, and Wilson Counties. Our Transportation Advisory Committee (TAC) has seventeen (17) members, and meets approximately every two months. Our Technical Coordinating Committee (TCC) has approximately 29 members, and meets approximately every two months. Please refer to **Appendix B** for lists of current TAC and TCC members with race, gender, and affiliation included.

Title VI Coordinator

Key responsibilities of the Coordinator include:

- Maintaining knowledge of Title VI and related requirements.
- Attending civil rights training when offered by NCDOT, FHWA or other federal agencies.
- Administering the Title VI Nondiscrimination Program and coordinating implementation of this Plan.
- Making sure internal staff and officials are familiar and complying with their Title VI obligations.
- Disseminating Title VI information internally and to the public, including in languages other than English.
- Presenting Title VI-related information to decision-making bodies for input and approval.
- Ensuring Title VI-related posters are prominently and publicly displayed.
- Developing a process to collect data related to race, national origin, sex, age, and disability to ensure minority, low-income, and other underserved groups are included and not discriminated against.
- Ensuring that non-elected boards and committees reflect the service area and minorities are represented.
- Promptly processing (receiving, logging, investigating and/or forwarding) discrimination complaints.
- Providing information to NCDOT and cooperating during compliance reviews and investigations.
- Promptly resolving deficiencies to ensure compliance with Title VI nondiscrimination requirements.

If the RPO Coordinator Title VI Coordinator changes, the Title VI Policy Statement and Title VI Assurances, will immediately be updated, and an updated policy statement (and nondiscrimination agreement, if standalone) will be signed by the new RPO Coordinator.

Staffing

We currently employ a staff of 1, which consists of the following job categories:

- RPO Coordinator

An organizational chart showing the Title VI Coordinator's place within the organization is located in **Appendix C**.

ENVIRONMENTAL JUSTICE (EJ)

In 1994, President William Jefferson Clinton issued Executive Order (EO) 12898, Federal Actions to Address Environmental Justice (EJ) in Minority Populations and Low-Income Populations. To comply with the EO, federal agencies developed EJ guidelines for their funding recipients, including Federal Highway Administration (FHWA) Order 6640.23A. Accordingly, Upper Coastal Plain Rural Planning Organization (UCPRPO) will make achieving EJ part of its mission by identifying and addressing, as appropriate, disproportionately high and adverse human health and environmental effects of its programs, policies, and activities on minority populations and low-income populations.

EJ is the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income, with respect to the development, implementation and enforcement of environmental laws, regulations and policies. The three fundamental EJ principles that guide USDOT (affiliated) actions are:

- To avoid, minimize, or mitigate disproportionately high and adverse human health and environmental effects, including interrelated social and economic effects, on minority and low-income populations.
- To ensure the full and fair participation by all potentially affected communities in the transportation decision-making process.
- To prevent the denial of, reduction in, or significant delay in the receipt of benefits by minority and low-income populations.

To achieve EJ, our programs will be administered so as to identify and avoid disproportionately high and adverse effects on minority populations and low-income populations by:

- (1) Identifying and evaluating environmental, public health, and interrelated social and economic effects of our programs, policies and activities;
- (2) Proposing measures to avoid, minimize and/or mitigate disproportionately high and adverse environmental and public health effects, and interrelated social and economic effects, and providing offsetting benefits and opportunities to enhance communities, neighborhoods, and individuals affected by our programs, policies and activities, where permitted by law;
- (3) Considering alternatives to proposed programs, policies, and activities, where such alternatives would result in avoiding and/or minimizing disproportionately high and adverse human health or environmental impacts to minority and/or low-income populations; and
- (4) Eliciting public involvement opportunities and considering the results thereof, including soliciting input from affected minority and low-income populations in considering alternatives.
- (5) Adding an EJ section to plans and studies, such as Comprehensive Transportation Plans, Public Involvement Plans, and Corridor Studies.

EJ analyses will be conducted to determine if our programs, policies, or activities will result in disproportionately high and adverse human health and environmental effects on minority populations and low-income populations. EJ applies to our policies, such as where public meetings will be held, and our projects, such as when we plan to construct or expand a facility. Thus, we will look at various alternatives and seek input from potentially affected communities before making a final decision. Demographic data will be collected to document public involvement in the decision-making process. EJ analyses will remain on file indefinitely, and copies will be provided to NCDOT, upon request, during compliance reviews or complaint investigations. (See Appendix D – Tables for Race/Ethnicity and Poverty)

DATA COLLECTION/ANALYSIS/REPORTING

Data collection, analysis and reporting are key elements of a successful Title VI enforcement strategy. To ensure that Title VI reporting requirements are met, Upper Coastal Plain Rural Planning Organization (UCPRPO) will

collect and maintain data on potential and actual beneficiaries of our programs and services. This section contains relevant population data for our overall service area. The data provides context for the Title VI Nondiscrimination Program and will be used to ensure nondiscrimination in public outreach and delivery of our programs. Please refer to Appendix for demographic tables on Race & Ethnicity, Age & Sex, Disability, Poverty, and Household Income.

Population Locations

Recipients of FHWA funds are required to identify the characteristics and locations of populations they serve, particularly by race/ethnicity, poverty and limited English proficiency. We will document this narratively or through maps that overlay boundaries and demographic features on specific communities, and provide this information to NCDOT, upon request. (See Appendix E – Demographic Maps)

LIMITED ENGLISH PROFICIENCY (LEP)

Limited English Proficient (LEP) persons are individuals for whom English is not their primary language and who have a limited ability to read, write, speak, or understand English. These individuals reported to the U.S. Census Bureau that they speak English less than very well.

To comply with USDOT’s LEP Policy Guidance and Executive Order 13166, this section of our Title VI Plan outlines the steps Upper Coastal Plain Rural Planning Organization (UCPRPO) will take to ensure meaningful access by LEP persons to all benefits, services and information provided under our programs and activities. A four factor analysis was conducted to determine the LEP language groups present in our planning area and the specific language services that are needed.

Four Factor Analysis

This Four Factor Analysis is an individualized assessment that balances the following four factors:

- (1) The number or proportion of LEP persons eligible to be served or likely to be encountered by a program, activity, or service of the recipient or grantee;
- (2) The frequency with which LEP individuals come in contact with the program;
- (3) The nature and importance of the program, activity, or service provided by the recipient to people’s lives; and
- (4) The resources available to the recipient and costs.

Factor #1: *The number or proportion of LEP persons eligible to be served or likely to be encountered by the program, activity, or service of the recipient.*

LANGUAGE SPOKEN AT HOME	Estimate	Margin of Error	Percent of Population	Margin of Error
Edgecombe County Total (population 5 years and over):	52,413	+/-16	100%	(X)
Speak only English	50,362	+/- 240	96%	+/- 0.5%
Spanish or Spanish Creole:	1,780	+/- 204	3.4%	+/- 11.5%
Speak English "very well"	871	+/- 296	1.6%	+/- 34%
Speak English less than "very well"	909	+/- 315	1.7%	+/- 35%
Nash County Total (population 5 years and over):	89,872	+/- 71	100%	(X)
Speak only English	83,665	+/- 550	93%	+/- 0.66%
Spanish or Spanish Creole:	4,937	+/- 399	5.5%	+/- 8.08%

Speak English "very well"	2,279	+/- 398	2.5%	+/- 17.46%
Speak English less than "very well"	2,658	+/- 403	3.0%	+/- 15.16%
Johnston County Total (population 5 years and over):	159,865	+/- 107	100%	(X)
Speak only English	140,465	+/- 850	87.9%	+/- 0.6%
Spanish or Spanish Creole:	17,669	+/- 754	11.1%	+/- 4.3%
Speak English "very well"	7,429	+/- 685	4.7%	+/- 9.2%
Speak English less than "very well"	10,240	+/- 904	6.4%	+/- 8.8%
Wilson County Total (population 5 years and over):	76,011	+/- 52	100%	(X)
Speak only English	67,907	+/- 561	89.3%	+/- 0.83%
Spanish or Spanish Creole:	6,652	+/- 391	8.8%	+/- 5.88%
Speak English "very well"	3,010	+/- 395	4.0%	+/- 13.12%
Speak English less than "very well"	3,642	+/- 372	4.8%	+/- 10.21%

There are several pockets of LEP groups within the Upper Coastal Plain Rural Planning (UCPRPO) area. These areas include areas in all four Counties served by the UCPRPO. In Edgecombe County, there is a block group northwest of the Town of Tarboro which contains a high population which have limited English speaking abilities. Johnston County contains several areas with limited English capabilities around Smithfield, Selma, Kenly, and a large portion of southeast Johnston County. Areas in southern Wilson contain pockets of non-English speaking citizens. Nash County also contains a small area in the south with limited English speaking population.

Factor #2: *The frequency with which LEP individuals come in contact with the program.*

The Upper Coastal Plain Rural Planning Organization holds approximately six Technical Coordinating Committee (TCC) meetings and six Transportation Advisory Meetings (TAC) meetings in which the public and potential LEP individuals are welcome to attend and provide input. While LEP participation is limited, LEP services are available upon request. In addition, during the development of Comprehensive Transportation Plans, Bike/Pedestrian plans, and other plans, there is additional opportunities to attend local input meetings and complete surveys to help obtain local input. During these planning processes LEP services such as providing translated surveys and translation services at local input meetings is provided.

Factor #3: *The nature and importance of the program, activity, or service provided by the recipient to people's lives.*

The UCPRPO provides transportation planning for the Counties of Edgecombe, Johnston, Nash, and Wilson. The following are the primary duties for the RPO:

- Developing, in cooperation with the Department (NCDOT), long-range, local and regional multimodal transportation plans;
- Providing a forum for public participation in the transportation planning process;
- Developing and prioritizing suggestions for transportation projects the organization believes should be included in the State's Transportation Improvement Program (STIP); and,
- Providing transportation-related information to local governments and other interested organizations and persons.

It is critical to obtain local input from all citizens regardless of part of our transportation planning and project prioritization process. As part of this input, it is also critical to ensure the UCPRPO makes it as easy as possible for local citizens to provide their input whether by providing translated surveys or providing translations services. By doing so will help ensure everyone's input is obtained.

Factor #4: The resources available to the recipient and costs.

As partners with NCDOT, the UCPRPO reaches out to the department to help with translation services when needed. In addition, the UCPRPO's Lead Planning Agency (Nash County) offers support in translating surveys or responding LEP groups. Having these additional resources helps provide low cost support to our LEP groups. The UCPRPO also utilizes local communities to ensure information is being disseminated to LEP groups. For example, during a recent Pedestrian Plan, surveys were disseminated to LEP groups by providing translated surveys in local utility bills. During the planning process, staff reaches out to local communities to try and locate any Community-based organizations (CBPs) that may represent LEP persons. This feature allows LEP groups to quickly translate the UCPRPO website to their known language. In addition, the UCPRPO utilizes Google's web translation services (<https://translate.google.com/manager/website/>) directly on the UCPRPO's website. It needs to be noted that the UCPRPO is a small organization with very limited funding it may have difficulty providing additional services other than offered by our partnering government agencies.

LANGUAGE ASSISTANCE PLAN

As a result of the above four factor analysis, a Language Assistance Plan (Plan) was not required. However, reasonable attempts will be made to accommodate any persons encountered who require written translation or oral interpretation services.

Language Assistance Measures

The following general language assistance measures are reasonable and achievable for our organization at this time:

- Translating public notices posted in the local paper and at stations, stops, and in vehicles into **any languages that meet the safe harbor threshold in Factor 1.**
- Vital documents—such as brochures with service times and routes—are translated into Spanish across the entire service area, and available in our facilities, doctor's offices and shopping centers.
- Making a concerted effort to inform LEP persons of available language assistance via staff, broadcast media, relationship-building with organizations, and our website.
- Posting vital bulletin board information and disseminating community surveys in various languages.
- Providing translation and interpretive services when appropriate (upon request or predetermined) at meetings.
- Determining how best to take public involvement to LEP groups directly, including through small group meetings.
- Where possible, utilizing or hiring staff who speak a language other than English and can provide competent language assistance.
 - Note: We will not ask community-based organizations (CBO) to provide, or serve as, interpreters at our meetings. Relying upon CBOs in that capacity could raise ethical concerns. If a CBO decides (on its own) to translate any materials for its constituents, or bring interpreters it trusts to our meetings, we will not object. That is their right.
- Using language identification flashcards to determine appropriate services.
- Establishing a process to obtain feedback on our language assistance measures.

Specific Measures by Language Group

- Spanish:

Written Translation and Oral Interpretation

Vital documents will be translated for each eligible LEP language group in our service area that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be encountered. Translated materials will be placed online and in appropriate public (or private) places accessible to LEP persons. The safe harbor provisions apply to the translation of written documents only, and do not affect the requirement

to provide meaningful access to LEP individuals through competent oral interpreters where oral language services are needed and are reasonable. When appropriate, translation of any document will be communicated orally in the appropriate language.

In the event that the 5% trigger is reached for a LEP language group that is fewer than 50 persons, written notice will be provided in the primary language of that group of the right to receive competent oral interpretation of vital written materials, free of cost. The most effective method of notice, which could be an ad in the local newspaper or other publication, a radio commercial, or door hangers, will be determined in consideration of the circumstances on the ground and in coordination with LEP community contacts.

Staff Support for Language Assistance

- Our staff (including receptionists) will be provided a list of referral resources that can assist LEP persons with written translation and oral interpretation, including the Title VI Coordinator and consultants contracted to provide LEP services. This list will be updated as needed to remain current.
- All main offices will have available language assistance flashcards and materials translated into the languages that meet the safe harbor threshold. When encountering an LEP person, staff should present the individual with an iSpeak flashcard and let them choose the language. Do not assume their preferred language. Assistance may be sought from bilingual staff fluent in the identified language before contacting a referral resource. Document the encounter and report it to the Title VI Coordinator.
- Training: All employees will be instructed on our procedures for providing timely and reasonable assistance to LEP persons. New employee orientation will also explain these procedures to new hires. Staff routinely encountering LEP persons by telephone or in person will receive annual refresher training. All other employees will be reminded of LEP through annual Title VI program acknowledgements and basic Title VI trainings.

Project-Specific LEP Outreach

A project-specific four factor analysis will be conducted for any project or outreach event limited to a specific geographical area (i.e., the project study area or outreach area, respectively). Language assistance will be provided in accordance with the measures already outlined, including translating written materials for each LEP language group that is 5% or 1,000, whichever is less, of the project or outreach area population.

Monitoring and Updating the Language Assistance Plan

Monitoring of daily interactions with LEP persons will be continuous, thus language assistance techniques may be refined at any time. This Plan will be periodically reviewed—at least annually—to determine if our assistance measures and staff training are working. Resource availability and feedback from agency staff and the general public will be factors in the evaluation and any proposed updates. Among other practices, this process will include working with LEP community contacts to determine if our employees are responding appropriately to requests made with limited English or in languages other than English, and observing how agency staff responds to requests, including observing drivers or surveying riders. To the best of our ability, we will attempt to never eliminate a successful existing LEP service. Significant LEP program revisions will be approved or adopted by our board or designated official and dated accordingly. LEP data and procedures will be reviewed and updated at least once every three years.

DISSEMINATION OF TITLE VI INFORMATION

In accordance with 23 CFR 200.9(b)(12) and 49 CFR 21.9(d), the Upper Coastal Plain Rural Planning Organization will utilize community outreach and public education to disseminate Title VI information to our employees, contractors, sub-recipients and the general public. Reasonable steps will be taken to make the public aware of their rights and our obligations under Title VI through, including, but not limited to:

- Visibly posting our Title VI Policy Statement in public areas at our facilities, on our website, at our meetings, and prominently in any documents and reports we distribute;

- Placing notices in newspapers and publications with a large circulation among minority groups in the general vicinity of projects and activities. Ads in newspapers and other publications shall include the following:
 “Upper Coastal Plain Rural Planning Organization (UCPRPO) operates without regard to **race, color, national origin, limited English proficiency, sex, age or disability**. For more information on our Title VI program, or how to file a discrimination complaint, please contact 252-459-1545; jsalmons@ucprpo.org.”
- Translating information into languages other than English that meet the LEP safe harbor threshold;
- Incorporating Title VI language into our contracts and agreements (See Appendix C for Title VI Contract Language); and
- Ensuring any contractors and sub-recipients we have also disseminate Title VI information.

Please refer to our Public Involvement Plan (PIP) for additional outreach methods we employ to comply Title VI. Our PIP can be found here: www.ucprpo.org

EXTERNAL DISCRIMINATION COMPLAINT PROCEDURES

These discrimination complaint procedures outline the process used by Upper Coastal Plain Rural Planning Organization (UCPRPO) to process complaints of alleged discrimination filed under Title VI of the Civil Rights Act of 1964 and related nondiscrimination laws that are applicable to Upper Coastal Plain Rural Planning Organization (UCPRPO) programs, services, and activities. Complaints will be investigated by the appropriate authority. Upon completion of an investigation, the complainant will be informed of all avenues of appeal. Every effort will be made to obtain early resolution of complaints at the lowest level possible by informal means.

FILING OF COMPLAINTS

1. **Applicability** – These procedures apply to the beneficiaries of our programs, activities, and services, such as the members of the public and any consultants/contractors we hire.
2. **Eligibility** – Any person or class of persons who believes that he/she has been subjected to discrimination or retaliation prohibited by any of the Civil Rights authorities based upon race, color, national origin, sex, age, or disability, may file a written complaint. The law prohibits intimidation or retaliation of any sort. The complaint may be filed by the affected individual or a representative and must be in writing.
3. **Time Limits and Filing Options** – A complaint must be filed no later than 180 calendar days after the following:
 - The date of the alleged act of discrimination; or
 - The date when the person(s) became aware of the alleged discrimination; or
 - Where there has been a continuing course of conduct, the date on which that conduct was discontinued or the latest instance of the conduct.

Complaints may be submitted to the following entities:

- **Upper Coastal Plain Rural Planning Organization (UCPRPO)**, James Salmons, 252-459-1545, jsalmons@ucprpo.org
- **North Carolina Department of Transportation**, Office of Civil Rights, External Civil Rights Section, 1511 Mail Service Center, Raleigh, NC 27699-1511; 919-508-1830 or toll free 800-522-0453
- **Federal Highway Administration**, North Carolina Division Office, 310 New Bern Avenue, Suite 410, Raleigh, NC 27601, 919-747-7010
- **US Department of Transportation**, Departmental Office of Civil Rights, External Civil Rights Programs Division, 1200 New Jersey Avenue, SE, Washington, DC 20590; 202-366-4070

- **US Department of Justice**, Special Litigation Section, Civil Rights Division, 950 Pennsylvania Avenue, NW, Washington, DC 20530, 202-514-6255 or toll free 877-218-5228

4. **Format for Complaints** – Complaints shall be in **writing** and **signed** by the complainant(s) or a representative and include the complainant’s name, address, and telephone number. Complaints received by fax or e-mail will be acknowledged and processed. Allegations received by telephone or in person will be reduced to writing, may be recorded and will be provided to the complainant for confirmation or revision before processing. Complaints will be accepted in other languages, including Braille.
5. **Complaint Basis** – Allegations must be based on issues involving race, color, national origin, sex, age, or disability. The term “basis” refers to the complainant’s membership in a protected group category.

Protected Categories	Definition	Examples	Applicable Statutes and Regulations
Race	An individual belonging to one of the accepted racial groups; or the perception, based usually on physical characteristics that a person is a member of a racial group	Black/African American, Hispanic/Latino, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, White	Title VI of the Civil Rights Act of 1964; 49 CFR Part 21; 23 CFR 200. (Executive Order 13166)
Color	Color of skin, including shade of skin within a racial group	Black, White, brown, yellow, etc.	
National Origin (LEP)	Place of birth. Citizenship is not a factor. Discrimination based on language or a person’s accent is also covered.	Mexican, Cuban, Japanese, Vietnamese, Chinese	
Sex	Gender	Women and Men	1973 Federal-Aid Highway Act; Title IX of the Education Amendments of 1972.
Age	Persons of any age	21 year old person	Age Discrimination Act of 1975
Disability	Physical or mental impairment, permanent or temporary, or perceived.	Blind, alcoholic, para-amputee, epileptic, diabetic, arthritic	Section 504 of the Rehabilitation Act of 1973; Americans with Disabilities Act of 1990

Complaint Processing

1. When a complaint is received, an Acknowledgment Letter and a Complainant Consent/Release Form will be mailed to the complainant within ten (10) business days by registered mail.
2. We will consult with the NCDOT Title VI Program to determine the acceptability and jurisdiction of all complaints received. (Note: If NCDOT will investigate, the Title VI Program will be responsible for the remainder of this process. We will record the transfer of responsibility in our complaints log).
3. Additional information will be requested if the complaint is incomplete. The complainant will be provided 15 business days to submit any requested information and the signed Consent Release form. Failure to do so may be considered good cause for a determination of no investigative merit.
4. Upon receipt of the requested information and determination of jurisdiction, we will notify the complainant and respondent of whether the complaint has sufficient merit to warrant investigation.
5. If the complaint is investigated, the notification shall state the grounds of our jurisdiction, while informing the parties that their full cooperation will be required in gathering additional information and assisting the investigator.
6. If the complaint does not warrant investigation, the notification to the complainant shall specifically state the reason for the decision.

Complaint Log

1. When a complaint is received, the complaint will be entered into the Discrimination Complaints Log with other pertinent information and assigned a **Case Number**. (Note: All complaints must be logged).

2. The complaints log will be submitted to the NCDOT's Civil Rights office during Title VI compliance reviews. (Note: NCDOT may also request the complaints log during pre-grant approval processes).
3. When reporting **no complaints**, check the **No Complaints or Lawsuits** box and sign the log.

Please refer to **Appendix F** for a copy of our Discrimination Complaint Form, Complaints Log, and Sample Investigation Template.

REVIEW OF ORGANIZATIONAL DIRECTIVES

It is the responsibility of every official who develops policies, procedures, manuals, guidelines, and other directives to ensure they have been reviewed for Title VI compliance. All staff members will assist in carrying out this requirement by making sure drafts of these documents are submitted to the Title VI Coordinator to ensure Title VI requirements are included.

TITLE VI TRAINING

All employees will receive basic Title VI training at least once every three years. New hires will receive this training within 30 days of their start date. Basic training will cover all sections of this Plan and our overall Title VI obligations. Staff may receive specialized training on how Title VI applies to their specific work areas. Those who routinely encounter the public, such as office personnel, and vehicle drivers, will receive annual refresher training. Trainings will be provided or organized by the Title VI Coordinator and will often coincide with updates to our nondiscrimination policies and procedures. Records of staff trainings, such as agendas, sign-in sheets, copies of calendars, and certificates, will remain on file for at least three years (and in personnel files).

COMPLIANCE AND ENFORCEMENT PROCEDURES

FHWA recipients must have mechanisms in place to enforce compliance with Title VI. Upper Coastal Plain Rural Planning Organization (UCPRPO) utilizes internal training, meetings, monitoring contractors, technical assistance, and findings from periodic NCDOT reviews to identify deficiencies and potential discrimination. If NCDOT identifies deficiencies, Upper Coastal Plain Rural Planning Organization (UCPRPO) will correct all deficiencies within 90 days based on a Corrective Action Plan (CAP). If attempts by NCDOT to resolve a compliance issue are unsuccessful, NCDOT may take any or all of the following steps with FHWA's concurrence:

- a. Canceling, terminating, or suspending the contract or agreement in whole or in part;
- b. Refraining from extending any further assistance to the recipient under the program with respect to which the failure or refusal occurred until satisfactory assurance of future compliance has been received from the recipient.
- c. Taking such other action that may be deemed appropriate under the circumstances, until compliance or remedial action has been accomplished by the recipient.
- d. Referring the case to the FHWA for appropriate administrative or legal proceedings.
- e. Other means authorized by law.

To ensure compliance with Title VI, Upper Coastal Plain Rural Planning Organization (UCPRPO) will take proactive steps to prevent discrimination in our programs and activities, including the following:

- | | |
|---|---|
| <input type="checkbox"/> Conduct periodic Title VI training; | <input type="checkbox"/> Participate or cooperate during compliance |
| <input type="checkbox"/> Address Title VI issues at staff meetings; | reviews conducted by NCDOT; |

- Inform and monitor any consultants/contractors regarding their Title VI obligations, including review of contracts for nondiscrimination language;
- Customize public outreach according to the situation or community at hand;
- Build a system of mutual trust and two-way communication with the public;
- Maintain pertinent demographic data (statistical);
- Ensure policies and procedures support and comply with Title VI;
- Document processes & activities related to Title VI.

Upper Coastal Plain Rural Planning Organization (UCPRPO) identifies compliance issues with our consultants/contractors, we will also take corrective action. If attempts at corrective action are unsuccessful, any or all of the following steps may be taken with NCDOT's concurrence:

- a. Canceling, terminating, or suspending the contract or agreement with the consultant/contractor in whole or in part.
- b. Taking such other action that may be deemed appropriate under the circumstances.
- c. Referring the case to the NCDOT for appropriate administrative or legal proceedings.



United States Department of Transportation
STANDARD TITLE VI / NONDISCRIMINATION ASSURANCES

DOT Order No. 1050.2A

The *Upper Coastal Plain Rural Planning Organization* (herein referred to as the "Recipient"), **HEREBY AGREES THAT**, as a condition to receiving any Federal financial assistance from the U.S. Department of Transportation (DOT), through **Federal Highway Administration (FHWA)**, is subject to and will comply with the following:

Statutory/Regulatory Authorities

- Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq., 78 stat. 252), (prohibits discrimination on the basis of race, color, national origin);
- 49 C.F.R. Part 21 (entitled Nondiscrimination In Federally-Assisted Programs Of The Department Of Transportation-Effectuation Of Title VI Of The Civil Rights Act Of 1964);
- 28 C.F.R. section 50.3 (U.S. Department of Justice Guidelines for Enforcement of Title VI of the Civil Rights Act of 1964).

The preceding statutory and regulatory cites hereinafter are referred to as the "Acts" and "Regulations," respectively.

General Assurances

In accordance with the Acts, the Regulations, and other pertinent directives, circulars, policy, memoranda, and/or guidance, the Recipient hereby gives assurance that it will promptly take any measures necessary to ensure that:

"No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity, "for which the Recipient receives Federal financial assistance from DOT, including the Federal Highway Administration.

The Civil Rights Restoration Act of 1987 clarified the original intent of Congress, with respect to Title VI and other Nondiscrimination requirements (The Age Discrimination Act of 1975, and Section 504 of the Rehabilitation Act of 1973), by restoring the broad, institutional-wide scope and coverage of these nondiscrimination statutes and requirements to include all programs and activities of the Recipient, so long as any portion of the program is Federally assisted.

Specific Assurances

More specifically, and without limiting the above general Assurance, the Recipient agrees with and gives the following Assurances with respect to its Federally assisted **Federal-Aid Highway Program**:

1. The Recipient agrees that each "activity," "facility," or "program," as defined in §§ 21.23(b) and 21.23(e) of 49 C.F.R. § 21 will be (with regard to an "activity") facilitated, or will be (with regard to a "facility") operated, or will be (with regard to a "program") conducted in compliance with all requirements imposed by, or pursuant to the Acts and the Regulations.
2. The Recipient will insert the following notification in all solicitations for bids, Requests For Proposals for work, or material subject to the Acts and the Regulations made in connection with all

Federal-Aid Highway Program and, in adapted form, in all proposals for negotiated agreements regardless of funding source:

"The *Upper Coastal Plain Rural Planning Organization*, in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (78 Stat. 252, 42 U.S.C. §§ 2000d to 2000d-4) and the Regulations, hereby notifies all bidders that it will affirmatively ensure that any contract entered into pursuant to this advertisement, disadvantaged business enterprises will be afforded full and fair opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, or national origin in consideration for an award."

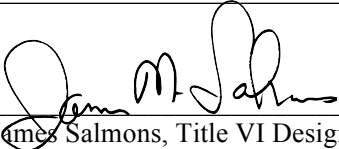
3. The Recipient will insert the clauses of Appendix A and E of this Assurance in every contract or agreement subject to the Acts and the Regulations.
4. The Recipient will insert the clauses of Appendix B of this Assurance, as a covenant running with the land, in any deed from the United States effecting or recording a transfer of real property, structures, use, or improvements thereon or interest therein to a Recipient.
5. That where the Recipient receives Federal financial assistance to construct a facility, or part of a facility, the Assurance will extend to the entire facility and facilities operated in connection therewith.
6. That where the Recipient receives Federal financial assistance in the form, or for the acquisition of real property or an interest in real property, the Assurance will extend to rights to space on, over, or under such property.
7. That the Recipient will include the clauses set forth in Appendix C and Appendix D of this Assurance, as a covenant running with the land, in any future deeds, leases, licenses, permits, or similar instruments entered into by the Recipient with other parties:
 - a. for the subsequent transfer of real property acquired or improved under the applicable activity, project, or program; and
 - b. for the construction or use of, or access to, space on, over, or under real property acquired or improved under the applicable activity, project, or program.
8. That this Assurance obligates the Recipient for the period during which Federal financial assistance is extended to the program, except where the Federal financial assistance is to provide, or is in the form of, personal property, or real property, or interest therein, or structures or improvements thereon, in which case the Assurance obligates the Recipient, or any transferee for the longer of the following periods:
 - a. the period during which the property is used for a purpose for which the Federal financial assistance is extended, or for another purpose involving the provision of similar services or benefits; or
 - b. the period during which the Recipient retains ownership or possession of the property.
9. The Recipient will provide for such methods of administration for the program as are found by the Secretary of Transportation or the official to whom he/she delegates specific authority to give reasonable guarantee that it, other recipients, sub-recipients, sub-grantees, contractors, subcontractors, consultants, transferees, successors in interest, and other participants of Federal financial assistance under such program will comply with all requirements imposed or pursuant to the Acts, the Regulations, and this Assurance.
10. The Recipient agrees that the United States has a right to seek judicial enforcement with regard to any matter arising under the Acts, the Regulations, and this Assurance.

By signing this ASSURANCE, the *Upper Coastal Plain Rural Planning Organization* also agrees to comply (and require any sub-recipients, sub-grantees, contractors, successors, transferees, and/or assignees to comply) with all applicable provisions governing the FHWA access to records, accounts,

documents, information, facilities, and staff. You also recognize that you must comply with any program or compliance reviews, and/or complaint investigations conducted by the **FHWA**. You must keep records, reports, and submit the material for review upon request to **FHWA**, or its designee in a timely, complete, and accurate way. Additionally, you must comply with all other reporting, data collection, and evaluation requirements, as prescribed by law or detailed in program guidance.

The *Upper Coastal Plain Rural Planning Organization* gives this ASSURANCE in consideration of and for obtaining any Federal grants, loans, contracts, agreements, property, and/or discounts, or other Federal-aid and Federal financial assistance extended after the date hereof to the recipients by the U.S. Department of Transportation under the **Federal-Aid Highway Program**. This ASSURANCE is binding on the *Upper Coastal Plain Rural Planning Organization*, other recipients, sub-recipients, sub-grantees, contractors, subcontractors and their subcontractors', transferees, successors in interest, and any other participants in the **Federal-Aid Highway Program**. The person(s) signing below is authorized to sign this ASSURANCE on behalf of the Recipient.

Upper Coastal Plain Rural Planning Organization

by  _____
James Salmons, Title VI Designee

DATED: 12/12/17

Attachments:

Appendices A, B, C, D, E

APPENDIX A

During the performance of this contract, the contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the "contractor") agrees as follows:

1. **Compliance with Regulations:** The contractor (hereinafter includes consultants) will comply with the Acts and the Regulations relative to Nondiscrimination in Federally-assisted programs of the U.S. Department of Transportation, Federal Highway Administration (FHWA), as they may be amended from time to time, which are herein incorporated by reference and made a part of this contract.
2. **Nondiscrimination:** The contractor, with regard to the work performed by it during the contract, will not discriminate on the grounds of race, color, or national origin in the selection and retention of subcontractors, including procurements of materials and leases of equipment. The contractor will not participate directly or indirectly in the discrimination prohibited by the Acts and the Regulations, including employment practices when the contract covers any activity, project, or program set forth in Appendix B of 49 CFR Part 21.
3. **Solicitations for Subcontracts, Including Procurements of Materials and Equipment:** In all solicitations, either by competitive bidding, or negotiation made by the contractor for work to be performed under a subcontract, including procurements of materials, or leases of equipment, each potential subcontractor or supplier will be notified by the contractor of the contractor's obligations under this contract and the Acts and the Regulations relative to Nondiscrimination on the grounds of race, color, or national origin.
4. **Information and Reports:** The contractor will provide all information and reports required by the Acts, the Regulations, and directives issued pursuant thereto and will permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the Recipient or the FHWA to be pertinent to ascertain compliance with such Acts, Regulations, and instructions. Where any information required of a contractor is in the exclusive possession of another who fails or refuses to furnish the information, the contractor will so certify to the Recipient or the FHWA, as appropriate, and will set forth what efforts it has made to obtain the information.
5. **Sanctions for Noncompliance:** In the event of a contractor's noncompliance with the Non discrimination provisions of this contract, the Recipient will impose such contract sanctions as it or the FHWA may determine to be appropriate, including, but not limited to:
 - a. withholding payments to the contractor under the contract until the contractor complies; and/or
 - b. cancelling, terminating, or suspending a contract, in whole or in part.
6. **Incorporation of Provisions:** The contractor will include the provisions of paragraphs one through six in every subcontract, including procurements of materials and leases of equipment, unless exempt by the Acts, the Regulations and directives issued pursuant thereto. The contractor will take action with respect to any subcontract or procurement as the Recipient or the FHWA may direct as a means of enforcing such provisions including sanctions for noncompliance. Provided, that if the contractor becomes involved in, or is threatened with litigation by a subcontractor, or supplier because of such direction, the contractor may request the Recipient to enter into any litigation to protect the interests of the Recipient. In addition, the contractor may request the United States to enter into the litigation to protect the interests of the United States.

APPENDIX B: CLAUSES FOR DEEDS TRANSFERRING UNITED STATES PROPERTY

The following clauses will be included in deeds effecting or recording the transfer of real property, structures, or improvements thereon, or granting interest therein from the United States pursuant to the provisions of Assurance 4:

NOW, THEREFORE, the U.S. Department of Transportation as authorized by law and upon the condition that the *Upper Coastal Plain Rural Planning Organization (UCPRPO)* will accept title to the lands and maintain the project constructed thereon in accordance with the *North Carolina General Assembly*, the Regulations for the Administration of the Federal-Aid Highway Program, and the policies and procedures prescribed by the Federal Highway Administration of the U.S. Department of Transportation in accordance and in compliance with all requirements imposed by Title 49, Code of Federal Regulations, U.S. Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in Federally-assisted programs of the U.S. Department of Transportation pertaining to and effectuating the provisions of Title VI of the Civil Rights Act of 1964 (78 Stat. 252; 42 U.S.C. § 2000d to 2000d-4), does hereby remise, release, quitclaim and convey unto the *UCPRPO* all the right, title and interest of the U.S. Department of Transportation in and to said lands described in Exhibit A attached hereto and made a part hereof.

(HABENDUM CLAUSE)

TO HAVE AND TO HOLD said lands and interests therein unto the *Upper Coastal Plain Rural Planning Organization (UCPRPO)* and its successors forever, subject, however, to the covenants, conditions, restrictions and reservations herein contained as follows, which will remain in effect for the period during which the real property or structures are used for a purpose for which Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits and will be binding on the *UCPRPO*, its successors and assigns.

The *UCPRPO*, in consideration of the conveyance of said lands and interests in lands, does hereby covenant and agree as a covenant running with the land for itself, its successors and assigns, that (1) no person will on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination with regard to any facility located wholly or in part on, over, or under such lands hereby conveyed [,] [and]* (2) that the *UCPRPO* will use the lands and interests in lands and interests in lands so conveyed, in compliance with all requirements imposed by or pursuant to Title 49, Code of Federal Regulations, U.S. Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in Federally-assisted programs of the U.S. Department of Transportation, Effectuation of Title VI of the Civil Rights Act of 1964, and as said Regulations and Acts may be amended [, and (3) that in the event of breach of any of the above-mentioned nondiscrimination conditions, the Department will have a right to enter or re-enter said lands and facilities on said land, and that above described land and facilities will thereon revert to and vest in and become the absolute property of the U.S. Department of Transportation and its assigns as such interest existed prior to this instruction].*

(*Reverter clause and related language to be used only when it is determined that such a clause is necessary in order to make clear the purpose of Title VI.)

APPENDIX C: CLAUSES FOR TRANSFER OF REAL PROPERTY ACQUIRED OR IMPROVED UNDER THE ACTIVITY, FACILITY, OR PROGRAM

The following clauses will be included in deeds, licenses, leases, permits, or similar instruments entered into by the *NUpper Coastal Plain Rural Planning Organization (UCPRPO)* pursuant to the provisions of Assurance 7(a):

- A. The (grantee, lessee, permittee, etc. as appropriate) for himself/herself, his/her heirs, personal representatives, successors in interest, and assigns, as a part of the consideration hereof, does hereby covenant and agree [in the case of deeds and leases add "as a covenant running with the land"] that:
 - 1. In the event facilities are constructed, maintained, or otherwise operated on the property described in this (deed, license, lease, permit, etc.) for a purpose for which a U.S. Department of Transportation activity, facility, or program is extended or for another purpose involving the provision of similar services or benefits, the (grantee, licensee, lessee, permittee, etc.) will maintain and operate such facilities and services in compliance with all requirements imposed by the Acts and Regulations (as may be amended) such that no person on the grounds of race, color, or national origin, will be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination in the use of said facilities.
- B. With respect to licenses, leases, permits, etc., in the event of breach of any of the above Nondiscrimination covenants, the *UCPRPO* will have the right to terminate the (lease, license, permit, etc.) and to enter, re-enter, and repossess said lands and facilities thereon, and hold the same as if the (lease, license, permit, etc.) had never been made or issued.*
- C. With respect to a deed, in the event of breach of any of the above Nondiscrimination covenants, the *UCPRPO* will have the right to enter or re-enter the lands and facilities thereon, and the above described lands and facilities will there upon revert to and vest in and become the absolute property of the *UCPRPO* and its assigns.*

(*Reverter clause and related language to be used only when it is determined that such a clause is necessary to make clear the purpose of Title VI.)

**APPENDIX D: CLAUSES FOR CONSTRUCTION/USE/ACCESS TO REAL PROPERTY
ACQUIRED UNDER THE ACTIVITY, FACILITY OR PROGRAM**

The following clauses will be included in deeds, licenses, permits, or similar instruments/agreements entered into by the *Upper Coastal Plain Rural Planning Organization (UCPRPO)* pursuant to the provisions of Assurance 7(b):

- A. The (grantee, licensee, permittee, etc., as appropriate) for himself/herself, his/her heirs, personal representatives, successors in interest, and assigns, as a part of the consideration hereof, does hereby covenant and agree (in the case of deeds and leases add, "as a covenant running with the land") that (1) no person on the ground of race, color, or national origin, will be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination in the use of said facilities, (2) that in the construction of any improvements on, over, or under such land, and the furnishing of services thereon, no person on the ground of race, color, or national origin, will be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination, (3) that the (grantee, licensee, lessee, permittee, etc.) will use the premises in compliance with all other requirements imposed by or pursuant to the Acts and Regulations, as amended, set forth in this Assurance.
- B. With respect to (licenses, leases, permits, etc.), in the event of breach of any of the above Non discrimination covenants, the *UCPRPO* will have the right to terminate the (license, permit, etc., as appropriate) and to enter or re-enter and repossess said land and the facilities thereon, and hold the same as if said (license, permit, etc., as appropriate) had never been made or issued.*
- C. With respect to deeds, in the event of breach of any of the above Nondiscrimination covenants, the *UCPRPO* will there upon revert to and vest in and become the absolute property of the *UCPRPO* and its assigns.*

(*Reverter clause and related language to be used only when it is determined that such a clause is necessary to make clear the purpose of Title VI.)

APPENDIX E

During the performance of this contract, the contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the "contractor") agrees to comply with the following nondiscrimination statutes and authorities; including but not limited to:

Pertinent Nondiscrimination Authorities:

- Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq., 78 stat. 252), (prohibits discrimination on the basis of race, color, national origin); and 49 CFR Part 21.
- The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, (42 U.S.C. § 4601), (prohibits unfair treatment of persons displaced or whose property has been acquired because of Federal or Federal-aid programs and projects);
- Federal-Aid Highway Act of 1973, (23 U.S.C. § 324 et seq.), (prohibits discrimination on the basis of sex);
- Section 504 of the Rehabilitation Act of 1973, (29 U.S.C. § 794 et seq.), as amended, (prohibits discrimination on the basis of disability); and 49 CFR Part 27;
- The Age Discrimination Act of 1975, as amended, (42 U.S.C. § 6101 et seq.), (prohibits discrimination on the basis of age);
- Airport and Airway Improvement Act of 1982, (49 USC § 471, Section 47123), as amended, (prohibits discrimination based on race, creed, color, national origin, or sex);
- The Civil Rights Restoration Act of 1987, (PL 100-209), (Broadened the scope, coverage and applicability of Title VI of the Civil Rights Act of 1964, The Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973, by expanding the definition of the terms "programs or activities" to include all of the programs or activities of the Federal-aid recipients, sub-recipients and contractors, whether such programs or activities are Federally funded or not);
- Titles II and III of the Americans with Disabilities Act, which prohibit discrimination on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 U.S.C. §§ 12131-12189) as implemented by Department of Transportation regulations at 49 C.F.R. parts 37 and 38;
- The Federal Aviation Administration's Nondiscrimination statute (49 U.S.C. § 47123) (prohibits discrimination on the basis of race, color, national origin, and sex);
- Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, which ensures Nondiscrimination against minority populations by discouraging programs, policies, and activities with disproportionately high and adverse human health or environmental effects on minority and low-income populations;
- Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination because of Limited English proficiency (LEP). To ensure compliance with Title VI, you must take reasonable steps to ensure that LEP persons have meaningful access to your programs (70 Fed. Reg. at 74087 to 74100);
- Title IX of the Education Amendments of 1972, as amended, which prohibits you from discriminating because of sex in education programs or activities (20 U.S.C. 1681 et seq).


TITLE VI NONDISCRIMINATION AGREEMENT
BETWEEN
THE NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
AND
UPPER COASTAL PLAIN RURAL PLANNING ORGANIZATION

In accordance with DOT Order 1050.2A, the Upper Coastal Plain Rural Planning Organization (UCPRPO) assures the North Carolina Department of Transportation (NCDOT) that no person shall, on the ground of **race, color, national origin, sex, creed, age, or disability**, as provided by Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987 and related nondiscrimination authorities, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation under any program or activity undertaken by the UCPRPO.

Further, the UCPRPO hereby agrees to:

1. Designate a Title VI Coordinator that has a responsible position within the organization and easy access to the Chief Administrative Officer/Executive Director of the organization.
2. Issue a policy statement, signed by the Chief Administrative Officer/Executive of the organization, which expresses a commitment to the nondiscrimination provisions of Title VI and related applicable statutes. The signed policy statement shall be posted and circulated throughout the organization and to the general public, and published where appropriate in languages other than English. The policy statement will be re-signed when there is a change of Chief Administrative Officer/Executive Director.
3. Insert the clauses of the contract language from Section 6.1 in every contract awarded by the organization. Ensure that every contract awarded by the organization's contractors or consultants also includes the contract language.
4. Process all and, when required, investigate complaints of discrimination consistent with the procedures contained within this Plan. Log all complaints for the administrative record.
5. Collect statistical data (race, color, national origin, sex, age, disability) on participants in, and beneficiaries of, programs and activities carried out by the organization.
6. Participate in training offered on Title VI and other nondiscrimination requirements. Conduct or request training for employees or the organization's subrecipients.
7. Take affirmative action, if reviewed or investigated by NCDOT, to correct any deficiencies found within a reasonable time period, not to exceed 90 calendar days, unless reasonable provisions are granted by NCDOT.
8. Document all Title VI nondiscrimination-related activities as evidence of compliance. Submit information and reports to NCDOT on a schedule outlined by NCDOT.

THIS AGREEMENT 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 programs and activities and is binding.



Authorized Signature: Brent Wooten, TAC Chair
Date 9/27/18 Lu Harvey Lewis, TAC Vice Chair for
Brent Wooten, TAC Chair

Appendix B
TAC and TCC Members and Responsibilities

The Technical Coordinating Committee (TCC) are staff members such as County Planners and/or Town Manager and serves an advisory role to the Transportation Advisory Committee. The following is the role of TCC members:

- Title VI Program Coordination
 - Notice to the Public of Title VI
 - Aid with Data Collection
 - Serve as Outreach and Education to Title VI groups
 - Written Transportation and Oral Interpretation when possible
 - Aid in receiving Discrimination Complaints
 - Help Documenting and reporting on RPO/MPO Title VI-related activities
- Demographic Request From

The Transportation Advisory Committee (TAC) are elected officials such as County Commissioners, Mayors, and/or Town Council Members and serves as the governing body of the Upper Coastal Plain Rural Planning Organization (UCPRPO). The following is the role of the TAC members:

- Approve Title VI Program and other non discrimination documents
 - Document in board meeting minutes or with a Resolution
- Signature of Chief Administrative Officer (e.g., TAC Chair)

Below are completed Demographics Request Forms provided by both TCC and TAC members:

DEMOGRAPHIC REQUEST

Upper Coastal Plain Rural Planning Organization (UCPRPO) is required by Title VI of the Civil Rights Act of 1964 and related authorities to record demographic information on members of its boards and committees. Please provide the following information:

<p>Race/Ethnicity:</p> <p><input type="checkbox"/> White</p> <p><input checked="" type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Other (please specify): _____</p>	<p>National Origin: (if born outside the U.S.)</p> <p><input type="checkbox"/> Mexican</p> <p><input type="checkbox"/> Central American: _____</p> <p><input type="checkbox"/> South American: _____</p> <p><input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Other (please specify): _____</p>
<p>Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Age:</p> <p><input type="checkbox"/> Less than 18 <input type="checkbox"/> 45-64</p>
<p>Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> 18-29 <input checked="" type="checkbox"/> 65 and older</p> <p><input type="checkbox"/> 30-44</p>
<p>I choose not to provide any of the information requested above: <input type="checkbox"/></p>	

Completed forms will remain on file as part of the public record. For more information regarding Title VI or this request, please contact the UCPRPO at 252-459-1545 or by email at jsalmons@ucprpo.org.

Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print): Derrick D. Creech

Signature: Derrick D. Creech

DEMOGRAPHIC REQUEST

Upper Coastal Plain Rural Planning Organization (UCPRPO) is required by Title VI of the Civil Rights Act of 1964 and related authorities to record demographic information on members of its boards and committees. Please provide the following information:

Race/Ethnicity: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (please specify): _____	National Origin: (if born outside the U.S.) <input type="checkbox"/> Mexican <input type="checkbox"/> Central American: _____ <input type="checkbox"/> South American: _____ <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other (please specify): _____
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="checkbox"/> Less than 18 <input checked="" type="checkbox"/> 45-64 <input type="checkbox"/> 18-29 <input type="checkbox"/> 65 and older <input type="checkbox"/> 30-44
Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I choose not to provide any of the information requested above: <input type="checkbox"/>	

Completed forms will remain on file as part of the public record. For more information regarding Title VI or this request, please contact the UCPRPO at 252-459-1545 or by email at jsalmos@ucprpo.org.

Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print): Luther H. Lewis Jr.

Signature: 

DEMOGRAPHIC REQUEST

Upper Coastal Plain Rural Planning Organization (UCPRPO) is required by Title VI of the Civil Rights Act of 1964 and related authorities to record demographic information on members of its boards and committees.

Please provide the following information:

Race/Ethnicity: <input type="checkbox"/> White <input checked="" type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (please specify): _____	National Origin: (if born outside the U.S.) <input type="checkbox"/> Mexican <input type="checkbox"/> Central American: _____ <input type="checkbox"/> South American: _____ <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other (please specify): _____
Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Age: <input type="checkbox"/> Less than 18 <input checked="" type="checkbox"/> 45-64 <input type="checkbox"/> 18-29 <input type="checkbox"/> 65 and older <input type="checkbox"/> 30-44
Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I choose not to provide any of the information requested above: <input type="checkbox"/>	

Completed forms will remain on file as part of the public record. For more information regarding Title VI or this request, please contact the UCPRPO at 252-459-1545 or by email at jsalmons@ucprpo.org.

Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print): Brenda Lucas

Signature: Brenda Lucas

DEMOGRAPHIC REQUEST

Upper Coastal Plain Rural Planning Organization (UCPRPO) is required by Title VI of the Civil Rights Act of 1964 and related authorities to record demographic information on members of its boards and committees. Please provide the following information:

<p>Race/Ethnicity:</p> <p><input checked="" type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Other (please specify): _____</p>	<p>National Origin: (if born outside the U.S.)</p> <p><input type="checkbox"/> Mexican</p> <p><input type="checkbox"/> Central American: _____</p> <p><input type="checkbox"/> South American: _____</p> <p><input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Other (please specify): _____</p>
<p>Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female</p>	<p>Age:</p> <p><input type="checkbox"/> Less than 18 <input type="checkbox"/> 45-64</p> <p><input checked="" type="checkbox"/> 18-29 <input type="checkbox"/> 65 and older</p> <p><input type="checkbox"/> 30-44</p>
<p>Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>I choose not to provide any of the information requested above: <input type="checkbox"/></p>	

Completed forms will remain on file as part of the public record. For more information regarding Title VI or this request, please contact the UCPRPO at 252-459-1545 or by email at jsalmons@ucprpo.org.

Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print): Kristin Barnes

Signature: Kristin Barnes

DEMOGRAPHIC REQUEST

Upper Coastal Plain Rural Planning Organization (UCPRPO) is required by Title VI of the Civil Rights Act of 1964 and related authorities to record demographic information on members of its boards and committees. Please provide the following information:

<p>Race/Ethnicity:</p> <p><input checked="" type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Other (please specify): _____</p>	<p>National Origin: (if born outside the U.S.)</p> <p><input type="checkbox"/> Mexican</p> <p><input type="checkbox"/> Central American: _____</p> <p><input type="checkbox"/> South American: _____</p> <p><input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Other (please specify): _____</p>
<p>Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Age:</p> <p><input type="checkbox"/> Less than 18 <input checked="" type="checkbox"/> 45-64</p> <p><input type="checkbox"/> 18-29 <input type="checkbox"/> 65 and older</p> <p><input type="checkbox"/> 30-44</p>
<p>Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>I choose not to provide any of the information requested above: <input type="checkbox"/></p>	

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Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print): Ronald L. Keeter, Jr.

Signature: 

DEMOGRAPHIC REQUEST

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Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (please specify): _____	National Origin: (if born outside the U.S.) <input type="checkbox"/> Mexican <input type="checkbox"/> Central American: _____ <input type="checkbox"/> South American: _____ <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input checked="" type="checkbox"/> Other (please specify): <u>Spanish</u>
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="checkbox"/> Less than 18 <input type="checkbox"/> 45-64 <input type="checkbox"/> 18-29 <input type="checkbox"/> 65 and older <input checked="" type="checkbox"/> 30-44
Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I choose not to provide any of the information requested above: <input type="checkbox"/>	

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Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print): Carlos Moya-Astudillo

Signature: 

DEMOGRAPHIC REQUEST

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Race/Ethnicity: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (please specify): _____	National Origin: (if born outside the U.S.) <input type="checkbox"/> Mexican <input type="checkbox"/> Central American: _____ <input type="checkbox"/> South American: _____ <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other (please specify): _____
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="checkbox"/> Less than 18 <input checked="" type="checkbox"/> 45-64 <input type="checkbox"/> 18-29 <input type="checkbox"/> 65 and older <input type="checkbox"/> 30-44
Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I choose not to provide any of the information requested above: <input type="checkbox"/>	

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Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print): James C. Eatmon

Signature: James C. Eatmon

DEMOGRAPHIC REQUEST

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Race/Ethnicity: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (please specify): _____	National Origin: (if born outside the U.S.) <input type="checkbox"/> Mexican <input type="checkbox"/> Central American: _____ <input type="checkbox"/> South American: _____ <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other (please specify): _____
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="checkbox"/> Less than 18 <input checked="" type="checkbox"/> 45-64 <input type="checkbox"/> 18-29 <input type="checkbox"/> 65 and older <input type="checkbox"/> 30-44
Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I choose not to provide any of the information requested above: <input type="checkbox"/>	

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Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print): CRAIG ALAN Midgett

Signature: 

DEMOGRAPHIC REQUEST

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Race/Ethnicity: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (please specify): _____	National Origin: (if born outside the U.S.) <input type="checkbox"/> Mexican <input type="checkbox"/> Central American: _____ <input type="checkbox"/> South American: _____ <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other (please specify): _____
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="checkbox"/> Less than 18 <input type="checkbox"/> 45-64 <input type="checkbox"/> 18-29 <input checked="" type="checkbox"/> 65 and older <input type="checkbox"/> 30-44
Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I choose not to provide any of the information requested above: <input type="checkbox"/>	

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Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print): JERRY M. MEDLIN
Signature: Jerry M. Medlin

DEMOGRAPHIC REQUEST

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Race/Ethnicity: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (please specify): _____	National Origin: (if born outside the U.S.) <input type="checkbox"/> Mexican <input type="checkbox"/> Central American: _____ <input type="checkbox"/> South American: _____ <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other (please specify): _____
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="checkbox"/> Less than 18 <input checked="" type="checkbox"/> 45-64 <input type="checkbox"/> 18-29 <input type="checkbox"/> 65 and older <input type="checkbox"/> 30-44
Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I choose not to provide any of the information requested above: <input type="checkbox"/>	

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Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print): Braston Newton

Signature: 

DEMOGRAPHIC REQUEST

Upper Coastal Plain Rural Planning Organization (UCPRPO) is required by Title VI of the Civil Rights Act of 1964 and related authorities to record demographic information on members of its boards and committees. Please provide the following information:

<p>Race/Ethnicity:</p> <p><input checked="" type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Other (please specify): _____</p>	<p>National Origin: (if born outside the U.S.)</p> <p><input type="checkbox"/> Mexican</p> <p><input type="checkbox"/> Central American: _____</p> <p><input type="checkbox"/> South American: _____</p> <p><input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Other (please specify): _____</p>
<p>Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Age:</p> <p><input type="checkbox"/> Less than 18 <input checked="" type="checkbox"/> 45-64</p> <p><input type="checkbox"/> 18-29 <input type="checkbox"/> 65 and older</p> <p><input type="checkbox"/> 30-44</p>
<p>Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>I choose not to provide any of the information requested above: <input type="checkbox"/></p>	

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Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print): James C. Eatmon

Signature: *James C. Eatmon*

DEMOGRAPHIC REQUEST

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Race/Ethnicity: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (please specify): _____	National Origin: (if born outside the U.S.) <input type="checkbox"/> Mexican <input type="checkbox"/> Central American: _____ <input type="checkbox"/> South American: _____ <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other (please specify): _____
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="checkbox"/> Less than 18 <input type="checkbox"/> 45-64 <input type="checkbox"/> 18-29 <input type="checkbox"/> 65 and older <input checked="" type="checkbox"/> 30-44
Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I choose not to provide any of the information requested above: <input type="checkbox"/>	

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Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print): TIM ROBBINS

Signature: 

DEMOGRAPHIC REQUEST

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Race/Ethnicity: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (please specify): _____	National Origin: (if born outside the U.S.) <input type="checkbox"/> Mexican <input type="checkbox"/> Central American: _____ <input type="checkbox"/> South American: _____ <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input checked="" type="checkbox"/> Other (please specify): <u>Spain</u>
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="checkbox"/> Less than 18 <input type="checkbox"/> 45-64 <input type="checkbox"/> 18-29 <input type="checkbox"/> 65 and older <input checked="" type="checkbox"/> 30-44
Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I choose not to provide any of the information requested above: <input type="checkbox"/>	

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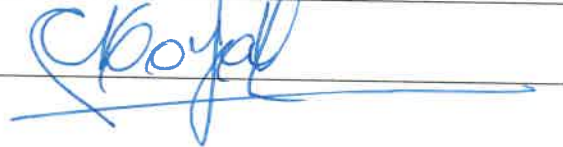
Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print):

Carlos Moya-Astudillo

Signature:



DEMOGRAPHIC REQUEST

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Please provide the following information:

Race/Ethnicity: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (please specify): _____	National Origin: (if born outside the U.S.) <input type="checkbox"/> Mexican <input type="checkbox"/> Central American: _____ <input type="checkbox"/> South American: _____ <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other (please specify): _____
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="checkbox"/> Less than 18 <input type="checkbox"/> 45-64 <input type="checkbox"/> 18-29 <input checked="" type="checkbox"/> 65 and older <input type="checkbox"/> 30-44
Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I choose not to provide any of the information requested above: <input type="checkbox"/>	

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Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print):

Bob League

Signature:

DEMOGRAPHIC REQUEST

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<p>Race/Ethnicity:</p> <p><input checked="" type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Other (please specify): _____</p>	<p>National Origin: (if born outside the U.S.)</p> <p><input type="checkbox"/> Mexican</p> <p><input type="checkbox"/> Central American: _____</p> <p><input type="checkbox"/> South American: _____</p> <p><input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Other (please specify): _____</p>
<p>Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Age:</p> <p><input type="checkbox"/> Less than 18 <input type="checkbox"/> 45-64</p> <p><input checked="" type="checkbox"/> 18-29 <input type="checkbox"/> 65 and older</p> <p><input type="checkbox"/> 30-44</p>
<p>Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>I choose not to provide any of the information requested above: <input type="checkbox"/></p>	

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Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print): Jordan Reed

Signature: 

DEMOGRAPHIC REQUEST

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Please provide the following information:

Race/Ethnicity: <input type="checkbox"/> White <input checked="" type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (please specify): _____	National Origin: (if born outside the U.S.) <input type="checkbox"/> Mexican <input type="checkbox"/> Central American: _____ <input type="checkbox"/> South American: _____ <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other (please specify): _____
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="checkbox"/> Less than 18 <input checked="" type="checkbox"/> 45-64 <input type="checkbox"/> 18-29 <input type="checkbox"/> 65 and older <input type="checkbox"/> 30-44
Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I choose not to provide any of the information requested above: <input type="checkbox"/>	

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Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print): Marvin Sharpe

Signature: Marvin Sharpe

DEMOGRAPHIC REQUEST

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<p>Race/Ethnicity:</p> <p><input type="checkbox"/> White</p> <p><input checked="" type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Other (please specify): _____</p>	<p>National Origin: (if born outside the U.S.)</p> <p><input type="checkbox"/> Mexican</p> <p><input type="checkbox"/> Central American: _____</p> <p><input type="checkbox"/> South American: _____</p> <p><input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Other (please specify): _____</p>
<p>Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female</p>	<p>Age:</p> <p><input type="checkbox"/> Less than 18 <input checked="" type="checkbox"/> 45-64</p> <p><input type="checkbox"/> 18-29 <input type="checkbox"/> 65 and older</p> <p><input type="checkbox"/> 30-44</p>
<p>Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>I choose not to provide any of the information requested above: <input type="checkbox"/></p>	

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Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print): Gronna Jones

Signature: Gronna Jones

DEMOGRAPHIC REQUEST

Upper Coastal Plain Rural Planning Organization (UCPRPO) is required by Title VI of the Civil Rights Act of 1964 and related authorities to record demographic information on members of its boards and committees. Please provide the following information:

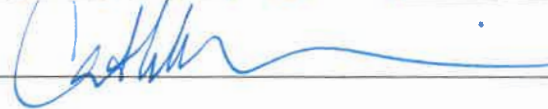
Race/Ethnicity: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (please specify): _____	National Origin: (if born outside the U.S.) <input type="checkbox"/> Mexican <input type="checkbox"/> Central American: _____ <input type="checkbox"/> South American: _____ <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other (please specify): _____
Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Age: <input type="checkbox"/> Less than 18 <input type="checkbox"/> 45-64 <input type="checkbox"/> 18-29 <input type="checkbox"/> 65 and older <input checked="" type="checkbox"/> 30-44
Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I choose not to provide any of the information requested above: <input type="checkbox"/>	

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Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print): Catherine W. Grimm

Signature: 

DEMOGRAPHIC REQUEST

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<p>Race/Ethnicity:</p> <p><input checked="" type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Other (please specify): _____</p>	<p>National Origin: (if born outside the U.S.)</p> <p><input type="checkbox"/> Mexican</p> <p><input type="checkbox"/> Central American: _____</p> <p><input type="checkbox"/> South American: _____</p> <p><input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Other (please specify): _____</p>
<p>Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Age:</p> <p><input type="checkbox"/> Less than 18 <input checked="" type="checkbox"/> 45-64</p> <p><input type="checkbox"/> 18-29 <input type="checkbox"/> 65 and older</p> <p><input type="checkbox"/> 30-44</p>
<p>Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>I choose not to provide any of the information requested above: <input type="checkbox"/></p>	

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Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print):

Stephen Wensman Stephen Wensman

Signature:

Stephen Wensman

DEMOGRAPHIC REQUEST

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Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="checkbox"/> Less than 18 <input checked="" type="checkbox"/> 45-64 <input type="checkbox"/> 18-29 <input type="checkbox"/> 65 and older <input type="checkbox"/> 30-44
Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I choose not to provide any of the information requested above: <input type="checkbox"/>	

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Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print): Bill Bass

Signature: Bill Bass

DEMOGRAPHIC REQUEST

Upper Coastal Plain Rural Planning Organization (UCPRPO) is required by Title VI of the Civil Rights Act of 1964 and related authorities to record demographic information on members of its boards and committees. Please provide the following information:

Race/Ethnicity: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (please specify): _____	National Origin: (if born outside the U.S.) <input type="checkbox"/> Mexican <input type="checkbox"/> Central American: _____ <input type="checkbox"/> South American: _____ <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other (please specify): _____
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="checkbox"/> Less than 18 <input checked="" type="checkbox"/> 45-64 <input type="checkbox"/> 18-29 <input type="checkbox"/> 65 and older <input type="checkbox"/> 30-44
Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I choose not to provide any of the information requested above: <input type="checkbox"/>	

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Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print): JAMES SALMONS

Signature: 

DEMOGRAPHIC REQUEST

Upper Coastal Plain Rural Planning Organization (UCPRPO) is required by Title VI of the Civil Rights Act of 1964 and related authorities to record demographic information on members of its boards and committees. Please provide the following information:

<p>Race/Ethnicity:</p> <p><input type="checkbox"/> White</p> <p><input checked="" type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Other (please specify): _____</p>	<p>National Origin: (if born outside the U.S.)</p> <p><input type="checkbox"/> Mexican</p> <p><input type="checkbox"/> Central American: _____</p> <p><input type="checkbox"/> South American: _____</p> <p><input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Other (please specify): _____</p>
<p>Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>Age:</p> <p><input type="checkbox"/> Less than 18 <input checked="" type="checkbox"/> 45-64</p> <p><input type="checkbox"/> 18-29 <input type="checkbox"/> 65 and older</p> <p><input type="checkbox"/> 30-44</p>
<p>Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>I choose not to provide any of the information requested above: <input type="checkbox"/></p>	

Completed forms will remain on file as part of the public record. For more information regarding Title VI or this request, please contact the UCPRPO at 252-459-1545 or by email at jsalmons@ucprpo.org.

Please sign below acknowledging that you have completed this form.

Thank you for your participation!

Name (print): James Diggs

Signature: 

Appendix C
Upper Coastal Plain Rural Planning Organization - Organizational Chart

*Upper Coastal Plain Rural
Planning Organization*

**Director and Title VI
Coordinator**

James Salmons

Appendix D Demographic Tables

Race and Ethnicity

The following table was completed using data from Census Table QT-P3, Race and Hispanic or Latino Origin: 2010::

Race and Ethnicity	Number	Percent
Total Population	402,504	100%
White	243,025	60.38%
Black or African American	125,317	31.13%
American Indian or Alaska Native	2,003	0.50%
Asian	2,549	.63%
Native Hawaiian and Other Pacific Islander	110	.03%
Some other Race	22,778	5.66%
Two or More Races	6,722	1.67%
HISPANIC OR LATINO (of any race)	37,657	9.36%
Mexican	27,570	6.85%
Puerto Rican	2,251	0.56%
Cuban	467	0.12%
Other Hispanic or Latino	7,369	1.83%

Age and Sex

The following table was completed using data from Census Table QT-P1, Age Groups and Sex: 2010:

Age	Number			Percent		
	Both sexes	Male	Female	Both sexes	Male	Female
Total Population	402,504	194,448	208,053	100%	100%	100%
Under 5 years	27,878	14,278	13,600	6.9%	7.3%	6.5%
Under 18 years	103,836	53,211	50,625	25.8%	27.4%	24.3%
18 to 64 years	248,395	120,528	127,867	61.7%	62.0%	61.5%
65 years and over	50,273	20,709	29,564	12.5%	10.7%	14.2%
Median Age	38.6	37.1	40.1			

Disability

The following table was completed using data from Census Table S1810, Disability Characteristics:

Subject – Edgecombe County	Total		With a Disability		Percent with a Disability	
	Estimate	Margin of Error +/-	Estimate	Margin of Error +/-	Estimate	Margin of Error +/-
Total civilian noninstitutionalized population	53,769	+/-152	9,715	+/-545	18.1%	+/-1.0
Population under 5 years	3,367	+/-4	10	+/-18	0.3%	+/-0.5
Population 5 to 17 years	9,388	+/-41	39	+/-44	0.4%	+/-0.5
Population 18 to 64 years	32,102	+/-139	689	+/-161	2.1%	+/-0.5
Population 75 years and over	3,620	+/-126	669	134	18.5%	+/-3.6
SEX						
Male	25,133	+/-198	4,496	+/-374	17.9%	+/-1.5
Female	28,636	+/-187	5,219	+/-384	18.2%	+/-1.3
RACE AND HISPANIC OR LATINO ORIGIN						
White	20,602	+/-346	4,103	+/-316	19.9%	+/-1.6
Black or African American	30,549	+/-353	5,395	+/-444	17.7%	+/-1.4
American Indian and Alaska Native	215	+/-51	40	+/-34	18.6%	+/-17.7
Asian	58	+/-51	14	+/-23	24.1%	+/-27.9
Native American and Other Pacific Islander	67	+/-79	0	+/-28	0.0%	+/-36.0
Some other Race	1,209	+/-380	19	+/-23	1.6%	+/-2.0
Two or more races	1,069	+/-348	144	+/-98	13.5%	+/-8.2
Hispanic or Latino	2,251	+/-4	125	+/-65	5.6%	+/-2.9

Subject – Johnston County	Total		With a Disability		Percent with a Disability	
	Estimate	Margin of Error +/-	Estimate	Margin of Error +/-	Estimate	Margin of Error +/-
Total civilian noninstitutionalized population	180,447	+/-273	24,996	+/-1,521	13.9%	+/-0.8
Population under 5 years	12,019	+/-155	122	+/-85	1.0%	+/-0.7
Population 5 to 17 years	36,216	+/-155	1,888	+/-373	5.2%	+/-1.0
Population 18 to 64 years	110,585	+/-465	14,068	+/-1,408	12.7%	+/-2.8
Population 65 years and over	21,627	+/-296	8,918	+/-829	41.2%	+/-7.8
SEX						
Male	88,286	+/-251	12,514	+/-956	14.2%	+/-1.1
Female	92,161	+/-206	12,482	+/-968	13.5%	+/-1.1
RACE AND HISPANIC OR LATINO ORIGIN						
White	141,433	+/-1,402	19,609	+/-1,350	13.9%	+/-1.0
Black or African American	27,249	+/-640	4,279	+/-530	15.7%	+/-1.9
American Indian and Alaska Native	912	+/-333	197	+/-134	21.6%	+/-14.4
Asian	1,179	+/-167	104	+/-79	8.8%	+/-6.9
Native American and Other Pacific Islander	26	+/-40	0	+/-28	0.0%	+/-58.2
Some other Race	5,086	+/-1,248	353	+/-179	6.9%	+/-2.6
Two or more races	4,562	+/-748	454	+/-193	10.0%	+/-3.8
Hispanic or Latino	23,763	+/-60	1,616	+/-375	6.8%	+/-1.6

Subject – Nash County	Total		With a Disability		Percent with a Disability	
	Estimate	Margin of Error +/-	Estimate	Margin of Error +/-	Estimate	Margin of Error +/-
Total civilian noninstitutionalized population	92,985	+/-376	14,935	+/-884	16.1%	+/-0.9
Population under 5 years	5,360	+/-70	42	+/-56	0.8%	+/-1.0
Population 5 to 17 years	16,096	+/-72	857	+/-224	5.3%	+/-1.4
Population 18 to 64 years	56,622	+/-414	7,696	+/-838	13.6%	+/-3.0
Population 65 years and over	14,907	+/-264	6,340	+/-622	42.5%	+/-8.6
SEX						
Male	44,257	+/-316	6,923	+/-619	15.6%	+/-1.4
Female	48,728	+/-174	8,012	+/-597	16.4%	+/-1.2
RACE AND HISPANIC OR LATINO ORIGIN						
White	49,749	+/-389	8,347	+/-620	16.8%	+/-1.2
Black or African American	35,863	+/-515	6,064	+/-537	16.9%	+/-1.5
American Indian and Alaska Native	579	+/-110	163	+/-94	28.2%	+/-14.7
Asian	916	+/-156	53	+/-47	5.8%	+/-5.2
Native American and Other Pacific Islander	16	+/-26	0	+/-28	0.0%	+/-74.1
Some other Race	3,722	+/-487	195	+/-117	5.2%	+/-3.0
Two or more races	2,140	+/-564	113	+/-70	5.3%	+/-3.2
Hispanic or Latino	6,108	+/-39	348	+/-137	5.7%	+/-2.2

Subject – Wilson County	Total		With a Disability		Percent with a Disability	
	Estimate	Margin of Error +/-	Estimate	Margin of Error +/-	Estimate	Margin of Error +/-
Total civilian noninstitutionalized population	80,492	+/-223	12,169	+/-644	15.1%	+/-0.8
Population under 5 years	4,932	+/-79	8	+/-17	0.2%	+/-0.3
Population 5 to 17 years	14,323	+/-58	765	+/-182	5.3%	+/-1.3
Population 18 to 64 years	48,506	+/-319	6,339	+/-634	13.1%	+/-2.7
Population 65 years and over	12,731	+/-293	5,057	+/-494	39.7%	+/-7.6
SEX						
Male	37,932	+/-210	5,912	+/-444	15.6%	+/-1.2
Female	42,560	+/-171	6,257	+/-445	14.7%	+/-1.0
RACE AND HISPANIC OR LATINO ORIGIN						
White	40,685	+/-696	6,009	+/-433	14.8%	+/-1.0
Black or African American	31,399	+/-506	5,534	+/-542	17.6%	+/-1.7
American Indian and Alaska Native	509	+/-209	99	+/-101	19.4%	+/-20.4
Asian	620	+/-205	15	+/-19	2.4%	+/-3.2
Native American and Other Pacific Islander	44	+/-66	2	+/-5	4.5%	+/-20.7
Some other Race	5,391	+/-765	148	+/-74	2.7%	+/-1.3
Two or more races	1,844	+/-596	362	+/-210	19.6%	+/-8.0
Hispanic or Latino	8,018	+/-13	494	+/-148	6.2%	+/-1.8

Poverty

The following table was completed using data from Census Table S1701, Poverty Status in the Past 12 Months (ACS 2016):

Subject – Edgecombe County	Total		Below poverty level		Percent below poverty level	
	Estimate	Margin of Error +/-	Estimate	Margin of Error +/-	Estimate	Margin of Error +/-
Population for whom poverty status is determined	53,535	+/-183	13,750	+/-1,135	25.7%	+/-2.1
AGE						
Under 18	12,521	+/-104	5,082	+/-586	40.6%	+/-4.6
18 to 64	32,102	+/-139	7,279	+/-697	22.7%	+/-2.2
65 years and over	8,912	+/-131	1,389	+/-209	15.6%	+/-2.3
SEX						
Male	25,064	+/-207	5,909	+/-585	23.6%	+/-2.3
Female	28,471	+/-213	7,841	+/-726	27.5%	+/-2.5
RACE AND HISPANIC OR LATINO ORIGIN						
White	20,518	+/-350	3,240	+/-610	15.8%	+/-2.9
Black or African American	30,399	+/-354	9,808	+/-989	32.3%	+/-3.2
American Indian and Alaska Native	215	+/-51	5	+/-11	2.3%	+/-5.2
Asian	58	+/-51	27	+/-45	46.6%	+/-53.4
Native American and Other Pacific Islander	67	+/-79	0	+/-28	0.0%	+/-36.0
Some other Race	1,209	+/-380	375	+/-275	31.0%	+/-20.6
Two or more races	1,069	+/-348	295	+/-188	27.6%	+/-13.8
Hispanic or Latino	2,251	+/-4	819	+/-362	36.4%	+/-16.1
All individuals below:						
50 percent of poverty level	6,802	+/-977				
125 percent of poverty level	18,127	+/-1,287				
150 percent of poverty level	22,434	+/-1,279				
185 percent of poverty level	26,889	+/-1,218				
200 percent of poverty level	28,983	+/-1,241				

Subject – Johnston County	Total		Below poverty level		Percent below poverty level	
	Estimate	Margin of Error +/-	Estimate	Margin of Error +/-	Estimate	Margin of Error +/-
Population for whom poverty status is determined	180,110	+/-317	26,272	+/-2,195	14.6%	+/-1.2
AGE						
Under 18	47,630	+/-220	10,208	+/-1,188	21.4%	+/-2.5
18 to 64	110,853	+/-184	13,972	+/-1,220	12.6%	+/-1.1
65 years and over	35,579	+/-211	5,700	+/-760	16.0%	+/-2.1
SEX						
Male	88,090	+/-288	12,217	+/-1,162	13.9%	+/-1.3
Female	92,020	+/-226	14,055	+/-1,258	15.3%	+/-1.4
RACE AND HISPANIC OR LATINO ORIGIN						

White	141,169	+/-1,405	17,072	+/-1,863	12.1%	+/-1.3
Black or African American	27,144	+/-619	5,513	+/-903	20.3%	+/-3.3
American Indian and Alaska Native	934	+/-342	312	+/-265	33.4%	+/-22.5
Asian	1,179	+/-167	72	+/-59	6.1%	+/-5.4
Native American and Other Pacific Islander	26	+/-40	5	+/-9	19.2%	+/-50.4
Some other Race	5,086	+/-1,235	1,903	+/-837	37.4%	+/-12.5
Two or more races	4,572	+/-749	1,395	+/-496	30.5%	+/-9.2
Hispanic or Latino	27,144	+/-619	5,513	+/-903	20.3%	+/-3.3
All individuals below:						
50 percent of poverty level	12,055	+/-1,659				
125 percent of poverty level	36,050	+/-2,084				
150 percent of poverty level	46,341	+/-2,442				
185 percent of poverty level	59,154	+/-2,772				
200 percent of poverty level	63,566	+/-3,008				

Subject – Nash County	Total		Below poverty level		Percent below poverty level	
	Estimate	Margin of Error +/-	Estimate	Margin of Error +/-	Estimate	Margin of Error +/-
Population for whom poverty status is determined	92,224	+/-415	16,057	+/-1,588	17.4%	+/-1.7
AGE						
Under 18	21,125	+/-195	5,243	+/-908	24.8%	+/-4.2
18 to 64	5,178	+/-171	1,574	+/-311	30.4%	+/-5.8
65 years and over	15,947	+/-117	3,669	+/-738	23.0%	+/-4.6
SEX						
Male	43,881	+/-370	6,109	+/-747	13.9%	+/-1.7
Female	48,343	+/-208	9,948	+/-1,058	20.6%	+/-2.2
RACE AND HISPANIC OR LATINO ORIGIN						
White	49,457	+/-410	5,051	+/-825	10.2%	+/-1.7
Black or African American	35,521	+/-554	9,303	+/-1,371	26.2%	+/-3.8
American Indian and Alaska Native	561	+/-113	1	+/-4	0.2%	+/-0.7
Asian	914	+/-157	157	+/-103	17.2%	+/-11.8
Native American and Other Pacific Islander	16	+/-26	0	+/-28	0.0%	+/-74.1
Some other Race	3,681	+/-483	975	+/-427	26.5%	+/-11.0
Two or more races	2,074	+/-561	570	+/-314	27.5%	+/-11.7
Hispanic or Latino	6,043	+/-71	1,568	+/-414	25.9%	+/-6.8
All individuals below:						
50 percent of poverty level	5,633	+/-1,038				
125 percent of poverty level	22,555	+/-1,709				
150 percent of poverty level	27,960	+/-1,834				
185 percent of poverty level	34,944	+/-1,739				
200 percent of poverty level	37,998	+/-1,809				

Subject – Wilson County	Total		Below poverty level		Percent below poverty level	
	Estimate	Margin of Error +/-	Estimate	Margin of Error +/-	Estimate	Margin of Error +/-
Population for whom poverty status is det.	80,062	+/-266	18,043	+/-1,611	22.5%	+/-2.0
AGE						
Under 18	19,110	+/-135	7,505	+/-710	39.3%	+/-3.8
18 to 64	4,886	+/-89	2,057	+/-305	42.1%	+/-6.3
65 years and over	14,224	+/-103	5,448	+/-592	38.3%	+/-4.2
SEX						
Male	37,848	+/-205	7,891	+/-806	20.8%	+/-2.1
Female	42,214	+/-200	10,152	+/-955	24.0%	+/-2.2
RACE AND HISPANIC OR LATINO ORIGIN						
White	40,350	+/-693	3,923	+/-657	9.7%	+/-1.6
Black or African American	31,326	+/-504	10,122	+/-1,163	32.3%	+/-3.6
American Indian and Alaska Native	509	+/-209	236	+/-180	46.4%	+/-30.2
Asian	626	+/-204	40	+/-42	6.4%	+/-6.9
Native American and Other Pacific Islander	63	+/-96	2	+/-5	3.2%	+/-15.3
Some other Race	5,373	+/-766	2,686	+/-694	50.0%	+/-9.4
Two or more races	1,815	+/-591	1,034	+/-524	57.0%	+/-16.9
Hispanic or Latino						
All individuals below:						
50 percent of poverty level	7,208	+/-1,061				
125 percent of poverty level	22,907	+/-1,506				
150 percent of poverty level	27,031	+/-1,611				
185 percent of poverty level	33,203	+/-1,526				
200 percent of poverty level	35,810	+/-1,444				

Household Income

The following table was completed using data from Census Table S1901, Income in the Past 12 Months (In 2013 Inflation-Adjusted Dollars):

Subject – Edgecombe County	Households	
	Estimate	Margin of Error +/-
Total	20,528	+/-524
Less than \$10,000	12.5%	+/-1.8
\$10,000 to \$14,999	9.6%	+/-1.6
\$15,000 to \$24,999	13.0%	+/-2.1
\$25,000 to \$34,999	17.0%	+/-2.4
\$35,000 to \$49,999	14.7%	+/-2.0
\$50,000 to \$74,999	15.8%	+/-2.1
\$75,000 to \$99,999	9.6%	+/-1.6
\$100,000 to \$149,999	5.9%	+/-1.4
\$150,000 to \$199,999	1.1%	+/-0.6
\$200,000 or more	0.8%	+/-0.5
Median income (dollars)	33,293	+/-2,235
Mean income (dollars)	44,655	+/-2,237

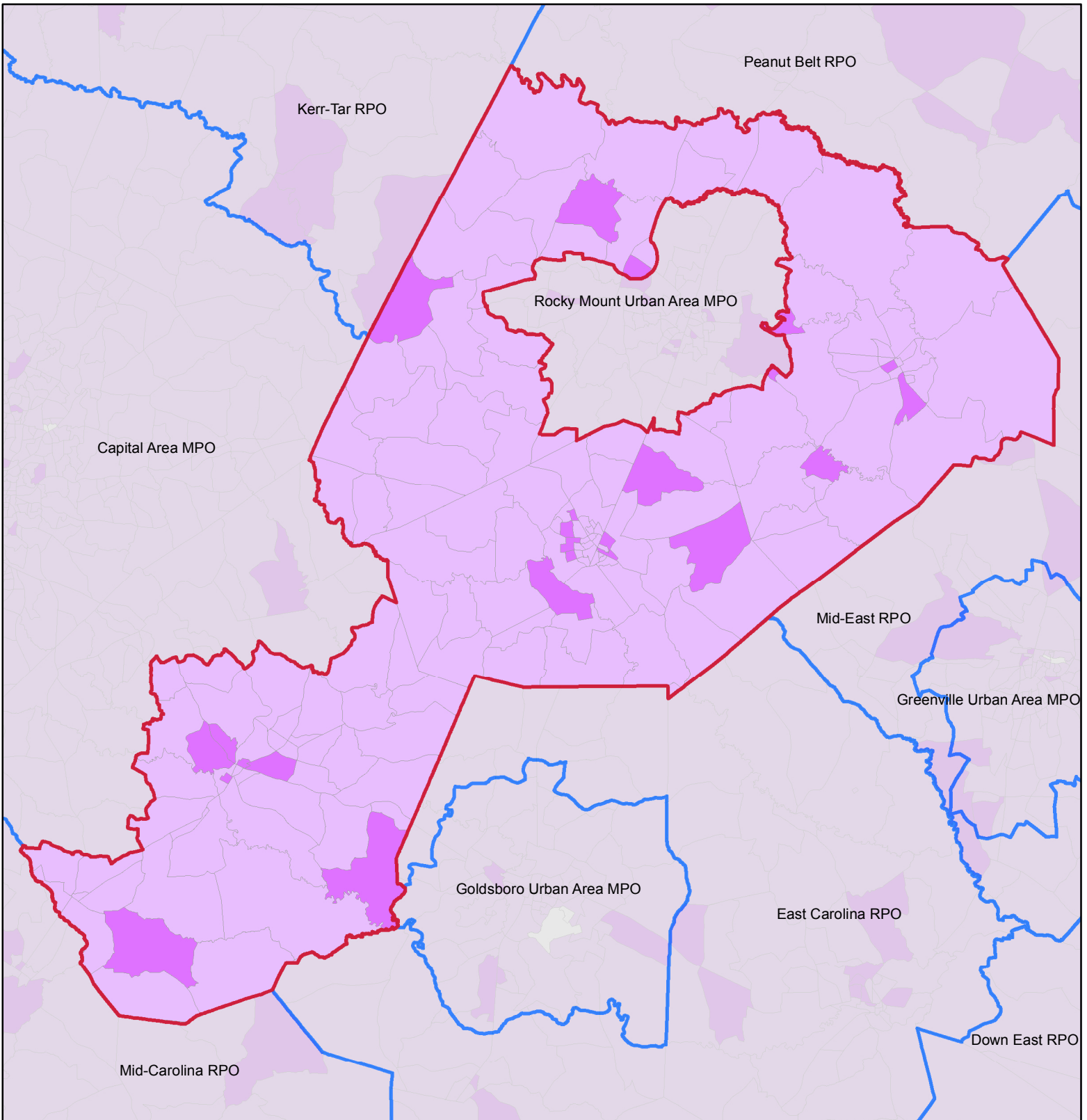
Subject – Johnston County	Households	
	Estimate	Margin of Error +/-
Total	60,520	+/-1,248
Less than \$10,000	7.6%	+/-1.2
\$10,000 to \$14,999	5.3%	+/-1.0
\$15,000 to \$24,999	11.2%	+/-1.6
\$25,000 to \$34,999	10.4%	+/-1.3
\$35,000 to \$49,999	15.8%	+/-1.8
\$50,000 to \$74,999	19.4%	+/-1.8
\$75,000 to \$99,999	13.6%	+/-1.6
\$100,000 to \$149,999	11.6%	+/-1.4
\$150,000 to \$199,999	3.9%	+/-1.0
\$200,000 or more	1.2%	+/-0.5
Median income (dollars)	49,740	+/-2,077
Mean income (dollars)	61,437	+/-2,502

Subject – Nash County	Households	
	Estimate	Margin of Error +/-
Total	36,999	+/-759
Less than \$10,000	8.6%	+/-1.4
\$10,000 to \$14,999	6.4%	+/-1.2
\$15,000 to \$24,999	14.6%	+/-1.8
\$25,000 to \$34,999	12.9%	+/-1.9
\$35,000 to \$49,999	14.5%	+/-1.8
\$50,000 to \$74,999	19.7%	+/-2.1
\$75,000 to \$99,999	10.6%	+/-1.6
\$100,000 to \$149,999	7.8%	+/-1.1
\$150,000 to \$199,999	2.9%	+/-0.8
\$200,000 or more	2.0%	+/-0.5
Median income (dollars)	42,120	+/-2,118
Mean income (dollars)	55,557	+/-2,376

Subject – Wilson County	Households	
	Estimate	Margin of Error +/-
Total	31,390	+/-592
Less than \$10,000	10.0%	+/-1.6
\$10,000 to \$14,999	7.9%	+/-1.3
\$15,000 to \$24,999	13.5%	+/-1.6
\$25,000 to \$34,999	11.7%	+/-1.6
\$35,000 to \$49,999	18.9%	+/-2.1
\$50,000 to \$74,999	18.6%	+/-2.0
\$75,000 to \$99,999	8.7%	+/-1.3
\$100,000 to \$149,999	7.5%	+/-1.1
\$150,000 to \$199,999	1.9%	+/-0.7
\$200,000 or more	1.3%	+/-0.6
Median income (dollars)	39,040	+/-1,411
Mean income (dollars)	51,247	+/-2,588


Appendix E
Demographic Maps (EJ)

See EJ maps on the following pages:



Title VI
2011-2015 ACS Block Group Level
- Age 65 and Over


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
 Upper Coastal Plain RPO Boundary


 MPO RPO Boundary

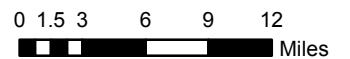
% of Population for Age 65 or Older
% 65+

 0%

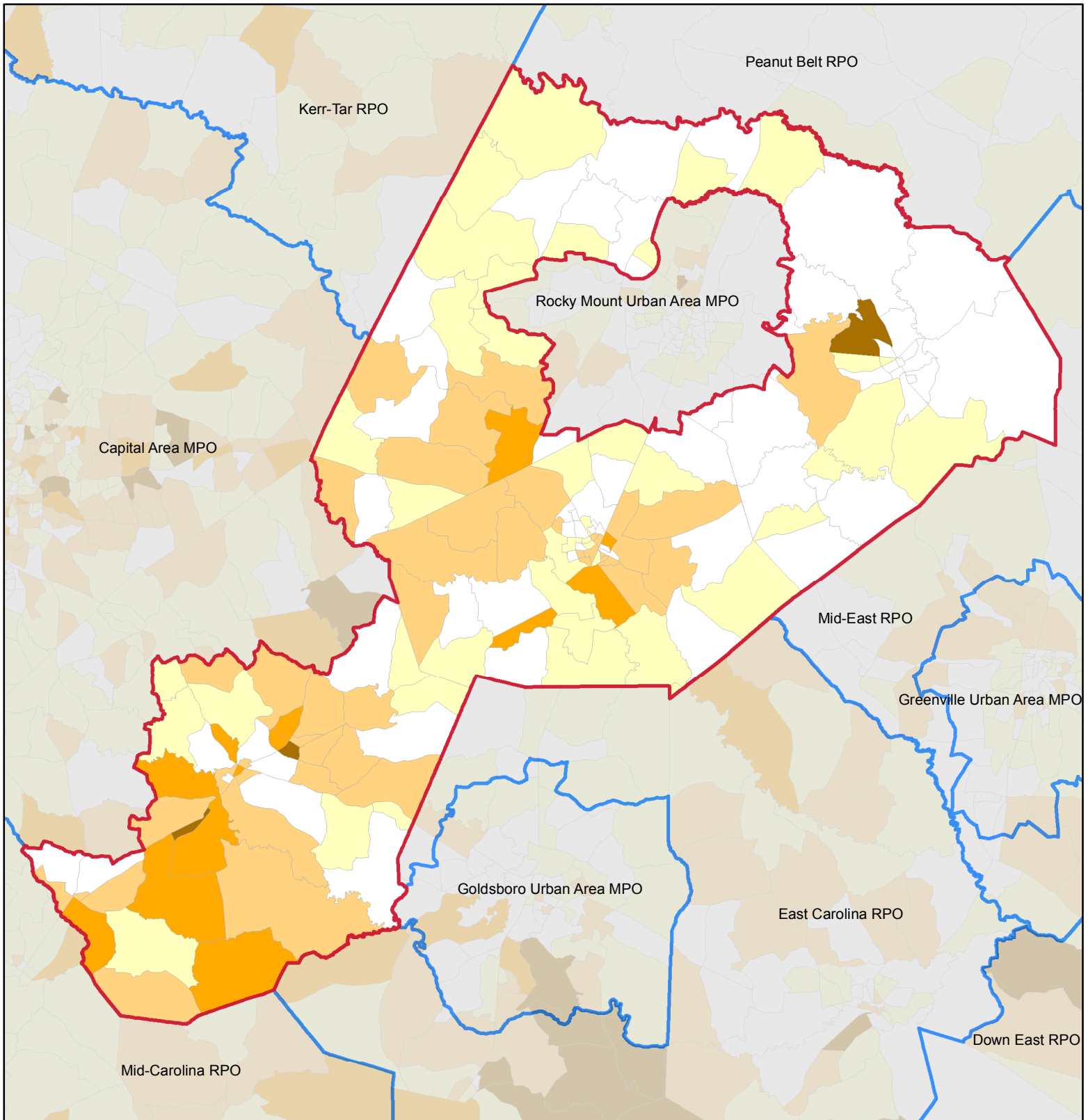
 <25%

 25.1% - 50%

 >50%



September 13, 2018



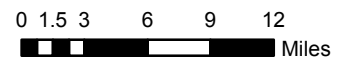
Title VI
2011-2015 ACS Block Group Level
- Limited English
Proficiency: Spanish

Legend

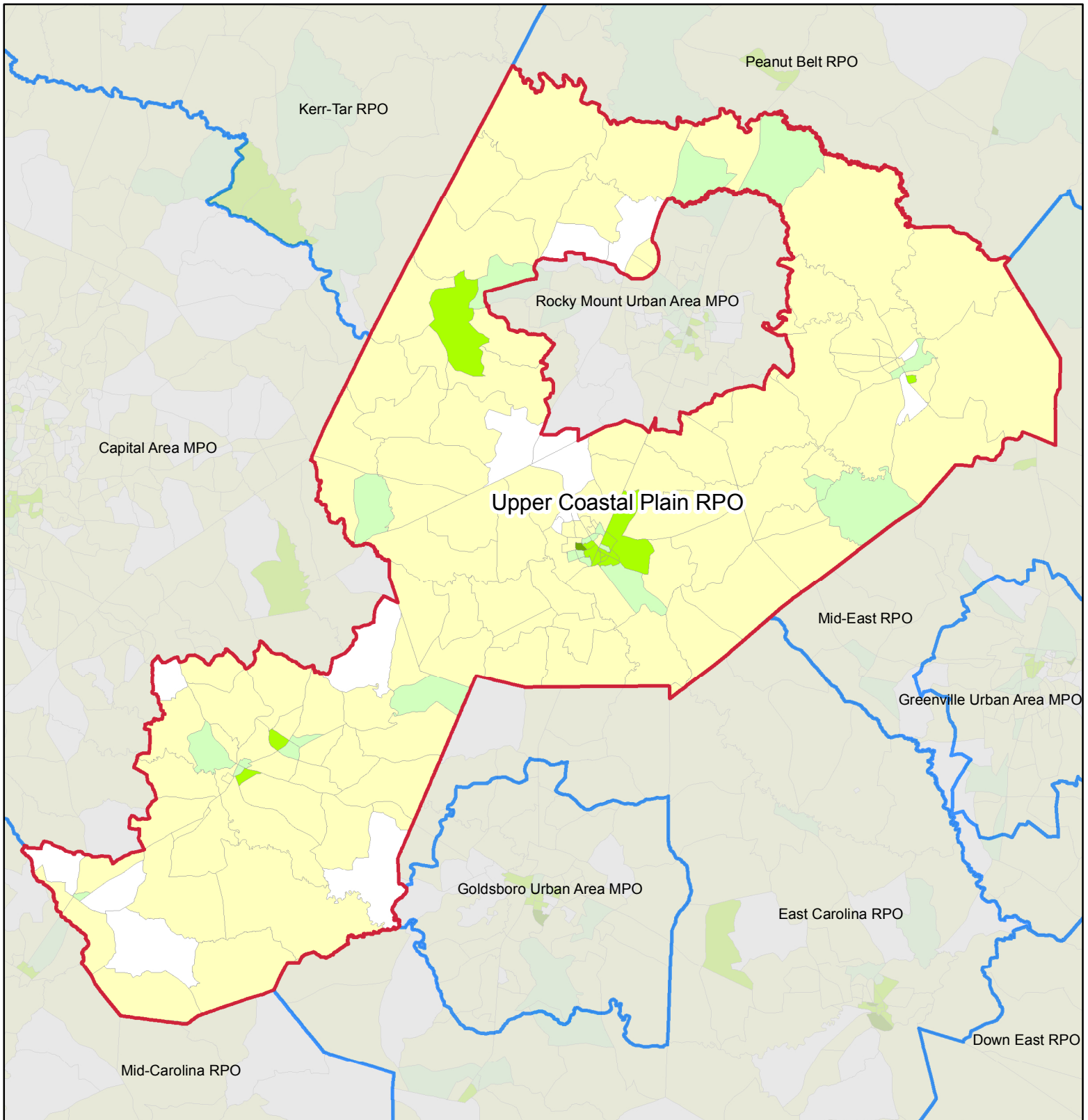
- Upper Coastal Plain RPO Boundary
- MPO RPO Boundary

LEP Spanish
% Spanish LEP

- 0%
- <5.0%
- 5.1% - 15.0%
- 15.1% - 25.0%
- >25%



September 13, 2018



Title VI

2011-2015 ACS Block Group Level - Household with Zero Car







Legend

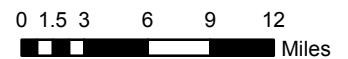
 Upper Coastal Plain RPO Boundary

 MPO RPO Boundary

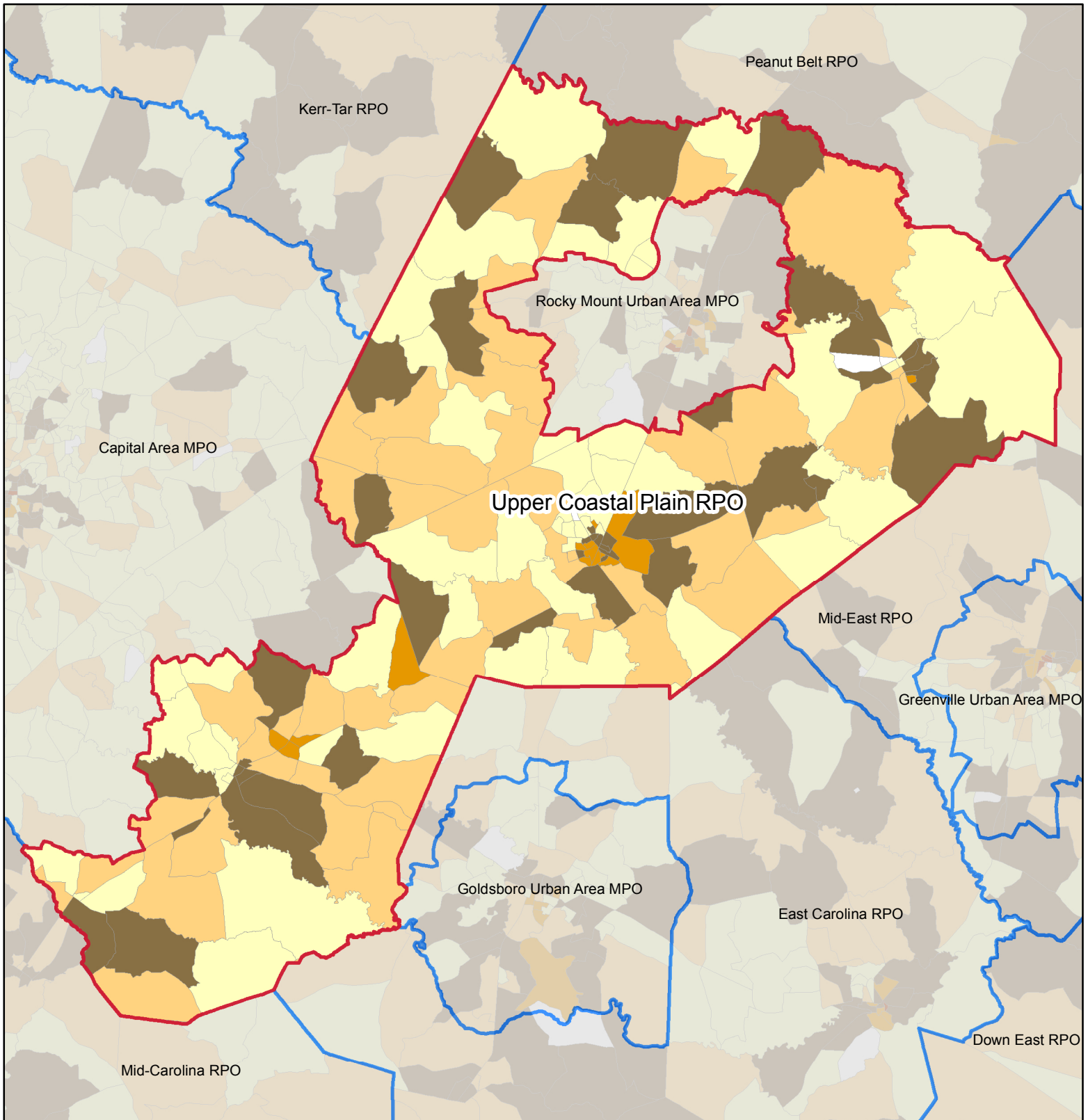
% of Household with Zero Car

% Without Car

-  0.0%
-  <15%
-  15.1% - 25.0%
-  25.1% - 50.0%
-  50.1% - 75.0%
-  >75%





September 13, 2018



Title VI 2011-2015 ACS Block Group Level - Poverty







Legend

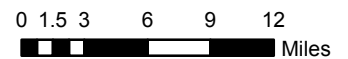
 Upper Coastal Plain RPO Boundary

 MPO RPO Boundary

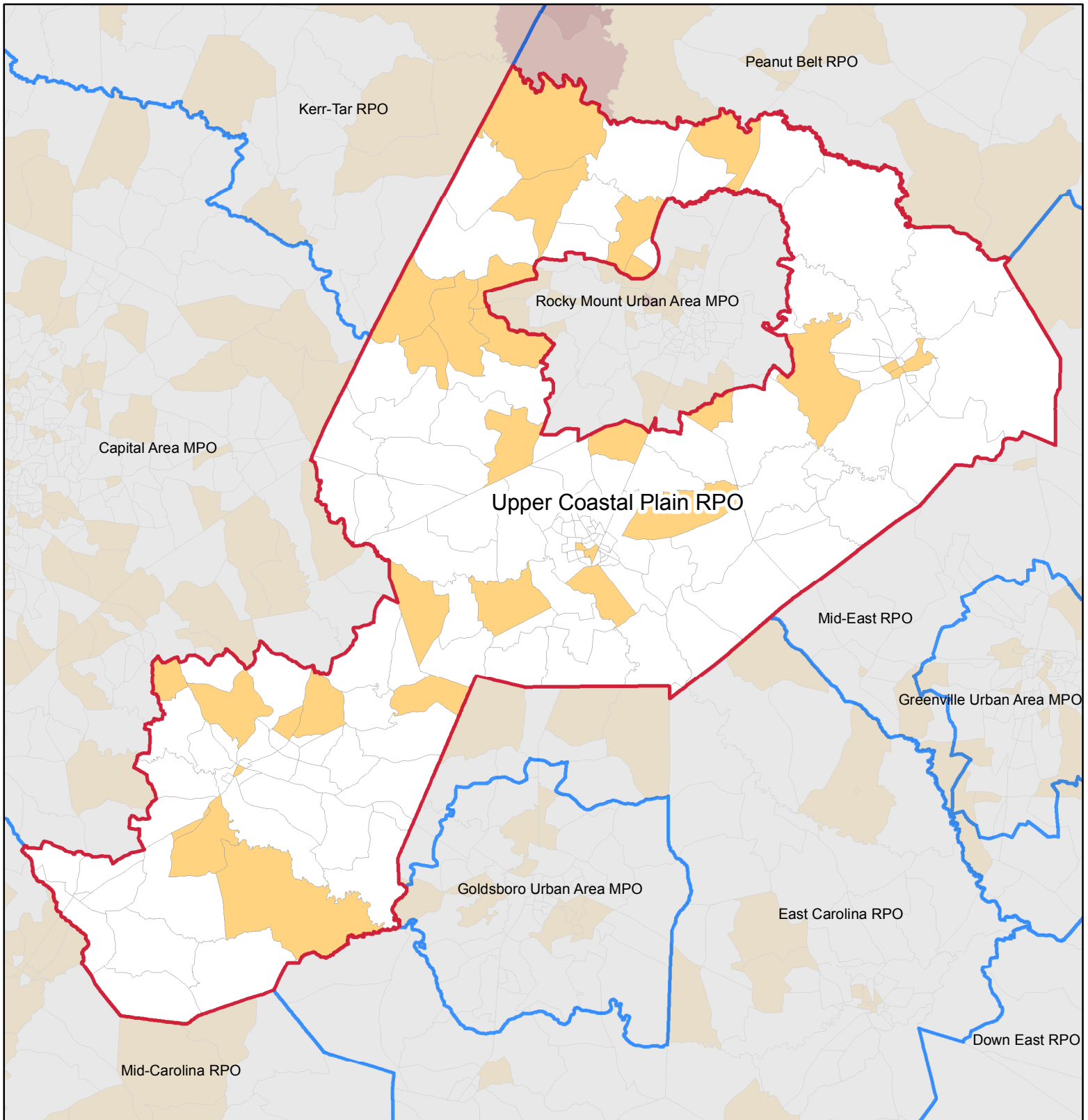
% of Population Under Poverty Line

% in Poverty

-  0%
-  <15%
-  15.1% - 25%
-  25.1% - 50%
-  50.1% - 75%
-  >75%



September 13, 2018





Title VI

2011-2015 ACS Block Group Level






- American Indian

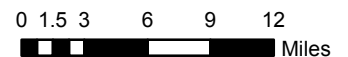
Legend

-  Upper Coastal Plain RPO Boundary
-  MPO RPO Boundary

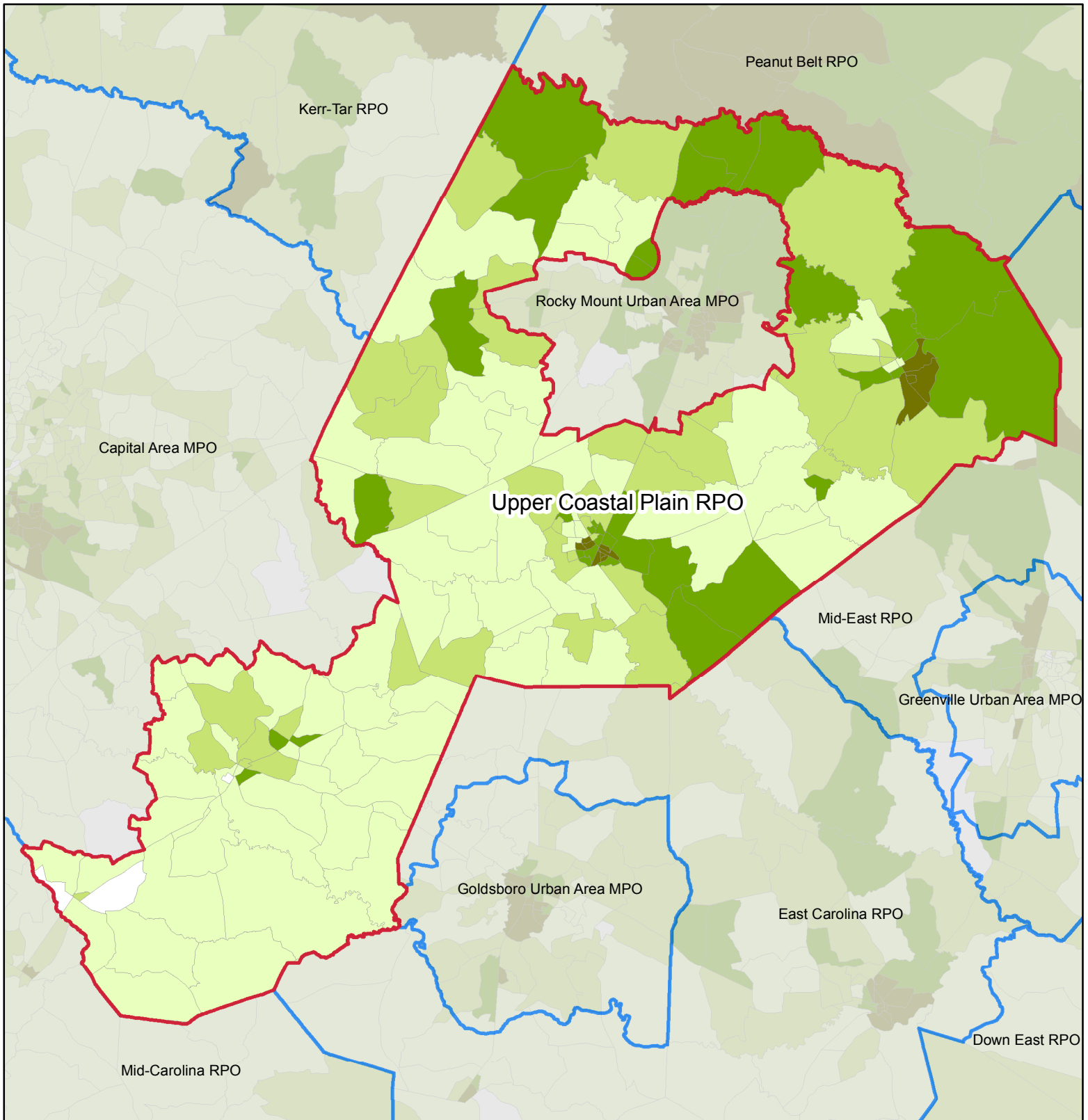
American Indian

% Native American

-  0%
-  <15%
-  15.1% - 25%
-  25.1% - 50%
-  >50%



September 13, 2018



Title VI

2011-2015 ACS Block Group Level

- Black or African American

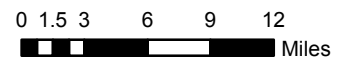
Legend

- Upper Coastal Plain RPO Boundary
- MPO RPO Boundary

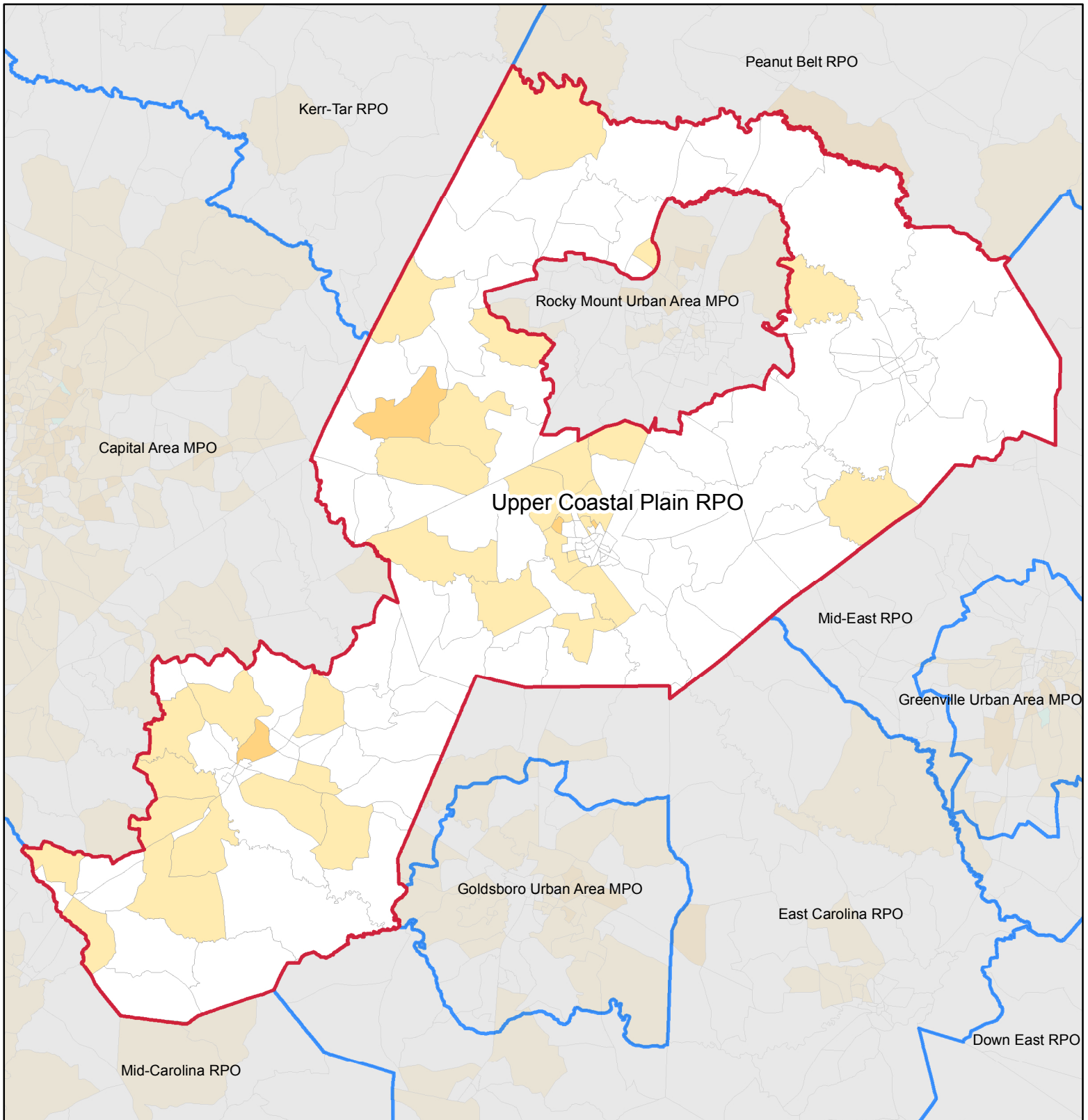
Black

% Black

- 0%
- <25%
- 25.1% - 50%
- 50.1% - 75%
- >75%



September 13, 2018




Title VI

2011-2015 ACS Block Group Level

- Asian







Legend

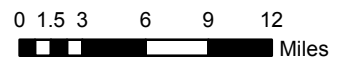
 Upper Coastal Plain RPO Boundary

 MPO RPO Boundary

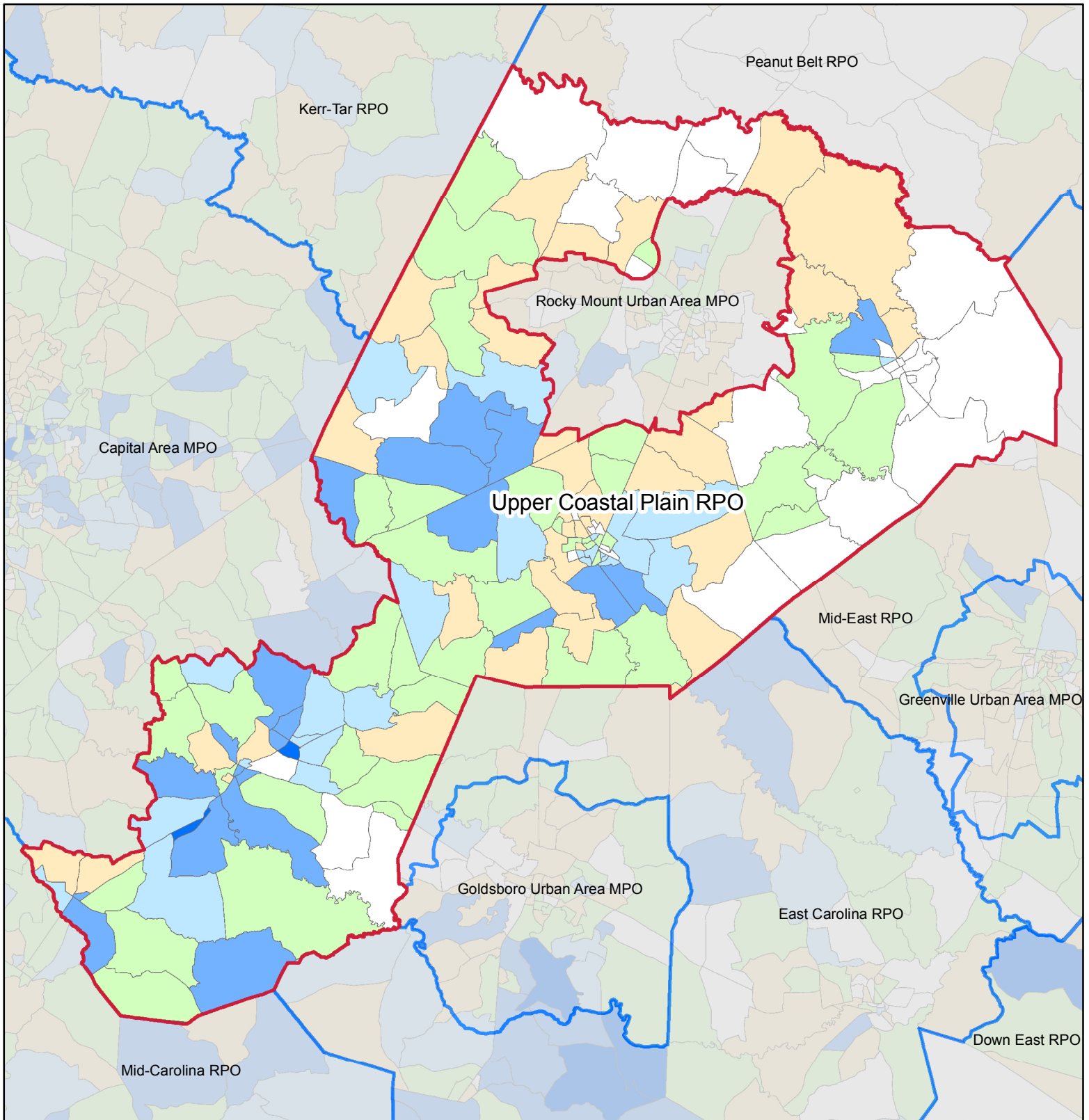
Asian

% Asian

-  0%
-  <5%
-  5.1% - 15%
-  15.1% - 25%
-  25.1% - 50%
-  >50%



September 13, 2018



Title VI

2011-2015 ACS Block Group Level - Hispanic & Latino Population

Legend

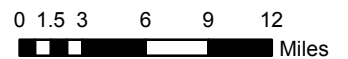
Upper Coastal Plain RPO Boundary

MPO RPO Boundary

Hispanic or Latino

% Hispanic & Latino

- 0%
- <5%
- 5.1% - 15%
- 15.1% - 25%
- 25.1% - 50%
- >50%



September 13, 2018

Appendix F
Investigation Guidance, Discrimination Complaint Form and Log
INVESTIGATIVE GUIDANCE

- A. Scope of Investigation** – An investigation should be confined to the issues and facts relevant to the allegations in the complaint, unless evidence shows the need to extend the issues.
- B. Developing an Investigative Plan** – It is recommended that the investigator (i.e., Title VI Coordinator or other official trained to conduct Title VI investigations) prepares an Investigative Plan (IP) to define the issues and lay out the blueprint to complete the investigation. The IP should follow the outline below:
1. Complainant(s) Name and Address (Attorney name and address if applicable)
 2. Respondent(s) Name and Address (Attorney for the Respondent(s) name and address, if applicable)
 3. Applicable Law(s)
 4. Basis/(es)
 5. Allegation(s)/Issue(s)
 6. Background
 7. Name of Persons to be interviewed
 - a. Questions for the complainant(s)
 - b. Questions for the respondent(s)
 - c. Questions for witness(es)
 8. Evidence to be obtained during the investigation
 - a. Issue – e.g., Complainant alleges his predominantly African American community was excluded from a meeting concerning a future project which could affect the community.
 - i. Documents needed – e.g., mailing list which shows all physical addresses, P.O. Box numbers, property owner names, and dates when the meeting notification was mailed; other methods used to advertise the meeting.
- C. Request for Information** – The investigator should gather data and information pertinent to the issues raised in the complaint.
- D. Interviews** – Interviews should be conducted with the complainant, respondent, and appropriate witnesses during the investigative process. Interviews are conducted to gain a better understanding of the situation outlined in the complaint of discrimination. The main objective during the interview is to obtain information that will either support or refute the allegations.
- E. Preparing an Investigative Report** – The investigator should prepare an investigative report setting forth all relevant facts obtained during the investigation. The report should include a finding for each allegation. A sample outline for an investigative report is provided below.

Sample Investigative Report Template

- I. COMPLAINANT(S) NAME** (or attorney for the complainant(s) – name and address if applicable)
James Salmons, 120 W Washington St, Nashville, NC 5=89, Phone: 252-465-1545
- II. RESPONDENT(S)** (or attorney for the respondent(s) – name and address if applicable)
James Salmons, 120 W Washington St, Nashville, NC 5=89, Phone: 252-465-1545
- III. APPLICABLE LAW/REGULATION**
[For example, Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d); 49 CFR §21.11; 49 CFR §26.53]
- IV. COMPLAINT BASIS/(ES)**
[For example, Race, Color, National Origin, Limited English Proficiency, Sex, Age, Disability]
- V. ALLEGATIONS**
[Describe in logical sequence, each allegation including the prohibited basis for the alleged discriminatory conduct, (e.g., race, color, national origin, sex, age, or disability) and the specific statutory or regulatory provision the allegation would violate, if proven to be true.]

Issue #1 – Complainant alleges that transit system failed to inform minority communities of rate increases.
Issue #2 – Complainant alleges that transit system has not sufficiently publicized or held public meetings to share information regarding fare increases and route changes that impacts low-income and minority citizens.

VI. BACKGROUND

[Provide detailed information regarding the complaint, including a historical overview of the case, including any activities or actions taken prior to accepting the complaint for investigation.]

VII. INVESTIGATIVE PROCEDURE

[Describe in detail, methods used to conduct the investigation, such as document requests, interviews and site visits. Include witnesses' names and addresses, documents received and/or reviewed, emails sent and received.]

VIII. FINDINGS OF FACT

[Provide a detailed description of the investigator's analysis of each allegation, based on clear and factual findings. Include specific evidence used to support your findings.]

IX. CONCLUSION

[State whether discrimination did or did not occur. Conclusions must be evidence-based and defensible. Test conclusions by considering all possible rebuttal arguments from the respondent and complainant. Both respondent and the complainant should be given an opportunity to confirm or rebut the assertions of the other party and your findings, but all the evidence you've presented should speak for itself.]

X. RECOMMENDED ACTIONS

[Outline what should be done to remedy the findings or, if necessary, provide justice for the complainant.]

APPENDIX

[Include in the Appendix any supplemental materials that support your findings and conclusion.]

Upper Coastal Plain Rural Planning Organization (UCPRPO)
DISCRIMINATION COMPLAINT FORM

Any person who believes that he/she has been subjected to discrimination based upon race, color, national origin, sex, age, or disability may file a written complaint with Upper Coastal Plain Rural Planning Organization (UCPRPO), within 180 days after the discrimination occurred.

Last Name:		First Name:		<input type="checkbox"/> Male
				<input type="checkbox"/> Female
Mailing Address:			City	State
				Zip
Home Telephone:		Work Telephone:		E-mail Address
Identify the Category of Discrimination:				
<input type="checkbox"/> RACE		<input type="checkbox"/> COLOR		<input type="checkbox"/> NATIONAL ORIGIN
<input type="checkbox"/> SEX		<input type="checkbox"/> DISABILITY		<input type="checkbox"/> AGE
		<input type="checkbox"/> LIMITED ENGLISH PROFICIENCY		
Identify the Race of the Complainant				
<input type="checkbox"/> Black		<input type="checkbox"/> White		<input type="checkbox"/> Hispanic
<input type="checkbox"/> American Indian		<input type="checkbox"/> Alaskan Native		<input type="checkbox"/> Asian American
		<input type="checkbox"/> Pacific Islander		<input type="checkbox"/> Other _____
Date and place of alleged discriminatory action(s). Please include earliest date of discrimination and most recent date of discrimination.				
Names of individuals responsible for the discriminatory action(s):				
How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional page(s), if necessary).				
The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.				
Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attached additional page(s), if necessary).				
<u>Name</u>		<u>Address</u>		<u>Telephone</u>
1. _____		_____		_____
2. _____		_____		_____
3. _____		_____		_____
4. _____		_____		_____

DISCRIMINATION COMPLAINT FORM

Have you filed, or intend to file, a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. Check all that apply.

NC Department of Transportation _____
 Federal Highway Administration _____
 US Department of Transportation _____
 Federal or State Court _____
 Other _____

Have you discussed the complaint with any Upper Coastal Plain Rural Planning Organization (UCPRPO) representative? If yes, provide the name, position, and date of discussion.

Please provide any additional information that you believe would assist with an investigation.

Briefly explain what remedy, or action, are you seeking for the alleged discrimination.

****WE CANNOT ACCEPT AN UNSIGNED COMPLAINT. PLEASE SIGN AND DATE THE COMPLAINT FORM BELOW.**

_____ COMPLAINANT'S SIGNATURE	_____ DATE
---	----------------------

MAIL COMPLAINT FORM TO:
 Upper Coastal Plain Rural Planning Organization (UCPRPO)
 120 W Washington St, Suite 2110
 Nashville, NC 27856
 252-459-1545

FOR OFFICE USE ONLY

Date Complaint Received: _____

Processed by: _____

Case #: _____

Referred to: NCDOT FHWA Date Referred: _____

FORMULARIO DE RECLAMOS POR DISCRIMINACIÓN

Cualquier persona que crea que ha sido víctima de discriminación por raza, color, origen nacional, sexo, edad o discapacidad puede presentar una queja por escrito ante la Organización de Planificación Rural de la Costa Alta Costera (UCPRPO), dentro de los 180 días posteriores a la discriminación ocurrió.

Apellido:		Nombre:		<input type="checkbox"/> Hombre
				<input type="checkbox"/> Mujer
Dirección:		Ciudad	Estado	Código postal
Teléfono casa:	Teléfono trabajo:	Dirección de correo electrónico:		

Identifique la categoría del acto discriminatorio:

- RAZA COLOR PAÍS de ORIGEN LIMITACIONES con el IDIOMA INGLÉS EDAD
 RELIGIÓN DISCAPACIDAD SEXO NIVEL de INGRESOS

NOTA: la religión *solo* queda cubierta bajo el programa de Derecho de Vía (Vivienda Justa) del NCDOT y las divisiones de Transporte Público y Aviación.

Identifique la raza del reclamante

- Negro Blanco Hispano Asiático
 Amerindio Nativo de Alaska Isleño del Pacífico Otro _____

Fecha y lugar del supuesto acto discriminatorio. Favor de incluir dos fechas: la más antigua y la más reciente del acto discriminatorio.

Nombres de los individuos responsables del acto discriminatorio:

¿De qué manera fue usted discriminado? Describa la naturaleza del acto, decisión o condiciones del supuesto acto discriminatorio. Explique de la manera más clara posible qué ocurrió y por qué considera que su condición protegida (fundamento) fue un factor en el acto discriminatorio. Incluya cómo otras personas recibieron un trato diferente al suyo. **(De ser necesario, añada más páginas)**

La ley prohíbe actos de intimidación o **represalias** contra cualquier persona que haya actuado o haya participado en una acción para asegurar se respeten los derechos protegidos por estas leyes. Si usted considera que ha sido víctima de represalias o ha sido aislado del acto discriminatorio mencionado arriba, por favor explique las circunstancias en el espacio de abajo. Explique qué acciones tomó usted las cuales considera fueron la causa de las supuestas represalias. **(De ser necesario, añada más páginas)**

Nombres de las personas (testigos, compañeros de trabajo, supervisores u otros) a quienes podemos contactar para obtener información adicional que corrobore o clarifique su reclamo: (De ser necesario, añada más páginas)

<u>Nombre</u>	<u>Dirección</u>	<u>Teléfono</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

FORMULARIO DE RECLAMOS POR DISCRIMINACIÓN

¿Ha presentado o pretende presentar un reclamo relacionado con este asunto ante alguna de las entidades siguientes? De ser así, favor de proporcionar las fechas en las que presentó su reclamo. Marque todas las que apliquen.

- Administración Federal de Carreteras _____
- Administración Federal de Transporte Público _____
- Administración Federal de Seguridad de Autotransporte _____
- Departamento de Transporte de los EE.UU. _____
- Corte federal o estatal _____
- Otra _____

¿Ha hablado sobre su reclamo con algún representante del NCDOT? De ser así, proporcione el nombre, cargo y fecha de la conversación.

Favor de proporcionar cualquier información adicional que usted considere sería útil durante una investigación.

Explique brevemente qué solución o acción espera usted sea tomada como resultado de su reclamo por el supuesto acto discriminatorio.

****NO PODEMOS ACEPTAR RECLAMOS SIN FIRMA. FAVOR DE FIRMAR Y FECHAR ESTE FORMULARIO AL CALCE.**

FIRMA DEL RECLAMANTE

FECHA

ENVÍE POR CORREO ESTE FORMULARIO DE RECLAMOS A:

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
OFFICE OF CIVIL RIGHTS – EXTERNAL CIVIL RIGHTS
1511 MAIL SERVICE CENTER
RALEIGH, NC 27699-1511
919-508-1808 o sin costo al 800-522-0453

FOR OFFICE USE ONLY / SOLO PARA USO OFICIAL

Date Complaint Received: _____

Processed by: _____

Case #: _____

Referred to: FHWA FTA FMCSA

Date Referred: _____

Appendix G
Compliance Review Checklist for FHWA Subrecipients

General Requirements	Completed
1. A copy of the recipient's signed USDOT Title VI Assurances	<input type="checkbox"/>
2. Title VI Policy Statement (signed)	<input type="checkbox"/>
3. Title VI Notice to Public, including a list of locations where the notice is posted	<input type="checkbox"/>
4. Name and official title of Title VI Coordinator and a list of their Title VI duties	<input type="checkbox"/>
5. Title VI Complaint Procedures (i.e., instructions to the public regarding how to file a Title VI discrimination complaint)	<input type="checkbox"/>
6. Title VI Complaint Form	<input type="checkbox"/>
7. List of Title VI complaints, investigations, or lawsuits (i.e., Title VI Complaint Log)	<input type="checkbox"/>
8. Public Participation Plan, including information about outreach methods to engage traditionally underserved constituencies (e.g., minorities, low-income, disabled), as well as a summary of outreach efforts	<input type="checkbox"/>
9. Language Assistance Plan for providing language assistance to persons with limited English proficiency (LEP), based on the DOT LEP Guidance, which requires conducting four-factor analyses	<input type="checkbox"/>
10. A table depicting the membership of any non-elected committees and councils, broken down by race and gender, and a description of the process the RPO uses to encourage minorities and women to participate on such committees	<input type="checkbox"/>
11. A copy of board meeting minutes, resolution, or other appropriate documentation showing the board of directors or appropriate governing entity or official(s) responsible for policy decisions reviewed and approved the Title VI Program	<input type="checkbox"/>
12. Compliance and enforcement procedures to ensure nondiscriminatory administration of programs and services	<input type="checkbox"/>
13. A demographic profile of your planning area that includes identification of the locations of minority, low-income, LEP, and/or other underserved populations	<input type="checkbox"/>
14. Information regarding how consultants and/or subrecipients are monitored for compliance with Title VI	<input type="checkbox"/>
15. Any environmental justice analysis conducted in the past three years and, if necessary, a description of the measures used to address any disproportionately high and adverse impacts to minority or low-income communities	<input type="checkbox"/>
16. Documentation from any Title VI compliance reviews or investigations conducted by any agency other than NCDOT-OCR in the last three years.	<input type="checkbox"/>