

Missouri Rural Health Association

Title VI Program

*Approved by MRHA Board of Directors
August 2019*

A. Title VI Assurances

The Missouri Rural Health Association agrees to comply with all provisions prohibiting discrimination on the basis of race, color, or national origin of Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 200d *et seq.*, and with U.S. DOT regulations, “Nondiscrimination in Federally-Assisted Programs of the Department of Transportation – Effectuation of Title VI of the Civil Rights Act,” 49 CFR part 21.

The Missouri Rural Health Association assures that no person shall, as provided by Federal and State civil rights laws, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity. The Missouri Rural Health Association further ensures every effort will be made to ensure non-discrimination in all programs and activities, whether those programs and activities are federally funded or not.

The Missouri Rural Health Association meets the objectives of the FTA Master Agreement which governs all entities applying for FTA funding, including the Missouri Rural Health Association and its third-party contractors by promoting actions that:

- A. Ensure that the level and quality of transportation service is provided without regard to race, color, or national origin.
- B. Identify and address, as appropriate, disproportionately high and adverse effects of programs and activities on minority populations and low-income populations.
- C. Promote the full and fair participation of all affected Title VI populations in transportation decision making.
- D. Prevent the denial, reduction, or delay in benefits related to programs and activities that benefit minority populations or low-income populations.
- E. Ensure meaningful access to programs and activities by persons with Limited English Proficiency (LEP).

B. Agency Information

1. Mission of Missouri Rural Health Association

The Missouri Rural Health Association (MRHA) is a non-profit, member-driven organization whose mission is to safeguard and improve the health of rural Missourians. MRHA accomplishes its mission by engaging in partnerships and providing leadership on rural issues through advocacy, communication, education, and research.

2. History (including year started)

Together, the MRHA’s mission, a diverse and rural cross-section membership and a successful track record in collaborating with other state and health care organizations, combine to provide the experience and expertise in rural healthcare needed to carry out the mission of the organization.

MRHA was established in 1994 and became an affiliate of the National Rural Health Association (NRHA) as a state Rural Health Association in February 1995. Since that time, MRHA has received and managed four contracts from the Missouri Department of Health and Senior Services, Office of Rural Health, for provision of health-related services and receives funding from NRHA annually to provide education, training and networking opportunities for the diverse mix of MRHA members. A significant component of MRHA’s health-related experience is in advocacy. MRHA supports legislation of rural health interests. The Association seeks to establish board membership consensus on issues that affect the quality and

quantity of services and activities for the public's health. To this end, the Association is committed to creating legislation, providing education on legislative issues and to participate in coalitions to advance the interest of the public's health.

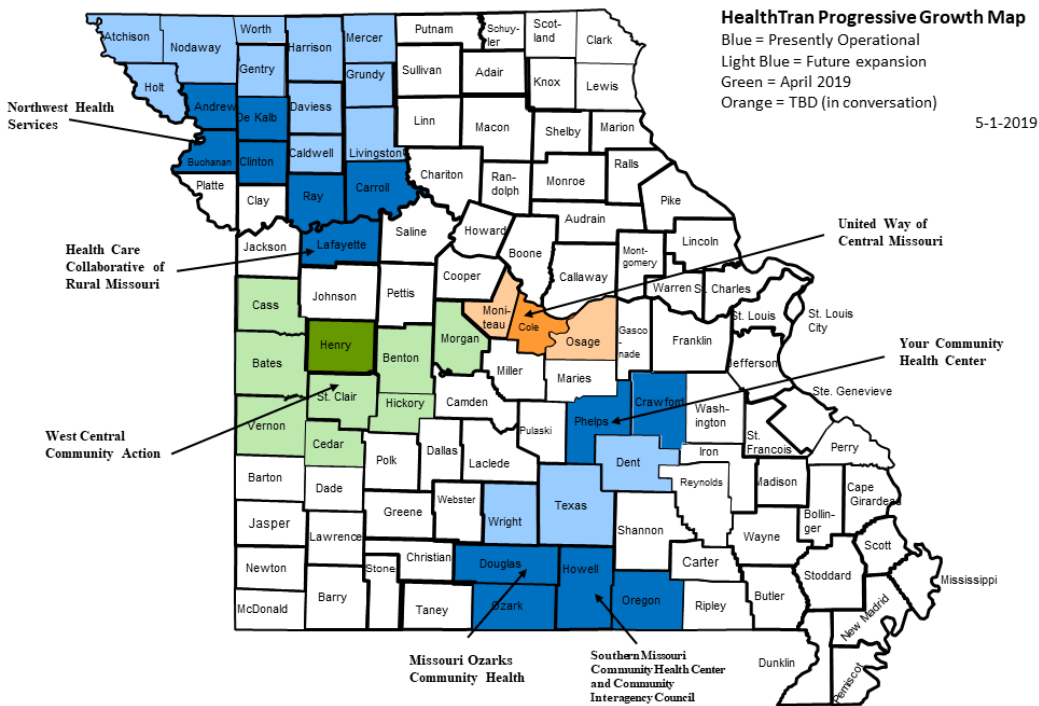
3. Regional Profile (regional population; growth projection)

The Missouri Department of Health and Senior Services Rural Health Plan identifies transportation as a limiting factor in a community's ability to address health and quality of life. "Rural communities have limited resources for addressing problems and barriers...transportation problems also limit the ability of rural communities to work together to meet the needs of widely dispersed residents...the most frequently identified barriers were: accessible and affordable public transportation...and depressed economy."

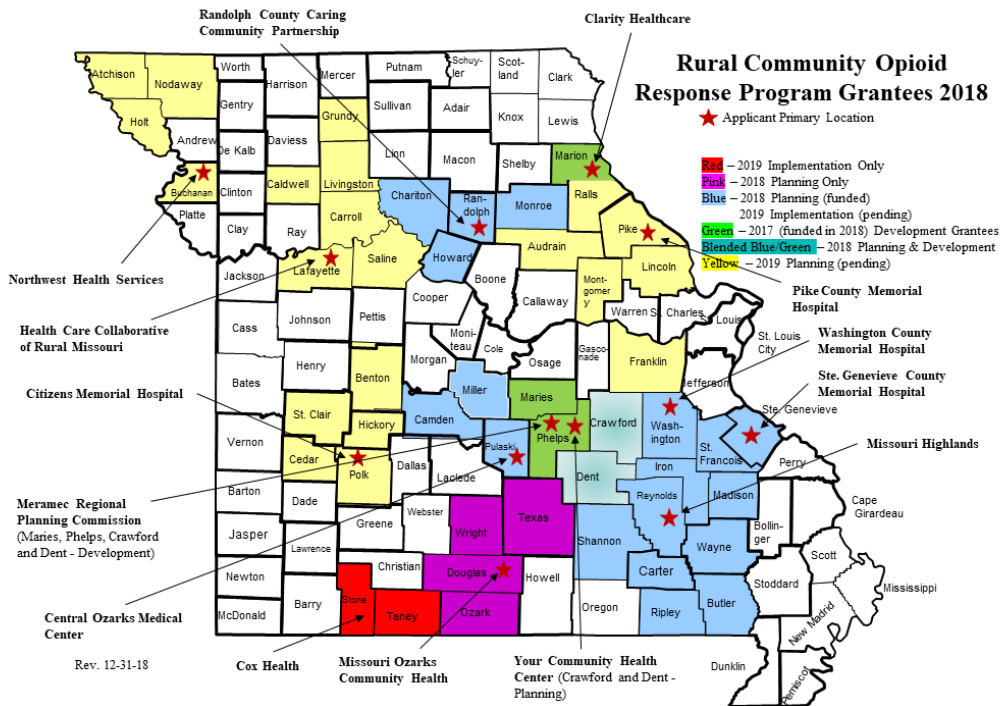
4. Population served (in relation to regional population)

A total of 6,075,300 people live in the 68,746.28 square mile report area (state of Missouri) according to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates. The population density for this area, estimated at 88.37 persons per square mile, is less than the national average population density of 90.88 persons per square mile.

5. Service area (include map, with any routes utilized)



Additional Opportunities:



6. Governing body make-up (include terms of office)

Governance

MRHA governance is both broad (state-wide) and functionally based.

MRHA’s Board of Directors is comprised of between 9 and 13 members. The Board is represented by individual and organizational memberships, diverse health care entities, and has state agency and student representation. The commitment of the Board, management and staff is demonstrated through the progress made toward achieving our goals and objectives as outlined in MRHA’s Strategic Plan and our sustaining membership.

Membership shall be effective upon acceptance of membership application, receipt of dues and shall continue through the end of the calendar year. Membership shall be renewable annually.

The officers shall be a President, Treasurer, Secretary, President-Elect and Immediate Past President. All officers must be members in good standing of MRHA.

The President-Elect shall be elected by the members of the Association, from among the membership. The election shall occur at the annual meeting of the Association. A plurality of votes cast by eligible members shall elect from among the candidates. In case of a tie, the Board of Directors shall choose by secret ballot among the candidates who have an equal number of votes.

The term of office for the President-Elect is one year. At the conclusion of the one-year term, the President-Elect shall automatically become the President and shall serve a one-year term. Upon

completion of that one-year term, he or she shall serve on additional year as Immediate Past President. The term of office for the Vice-President, Secretary and Treasurer is one year. Officers shall serve until their successors are elected and installed.

The Secretary and Treasurer shall be elected by the Board of Directors from its members at the first Board meeting following the annual meeting. Regional Representatives and Members-At-Large can be elected to these offices. Election shall be by majority vote of the Board members present and voting at the meeting.

C. Notice to the Public

Notifying the Public of Rights under Title VI

Missouri Rural Health Association posts Title VI notices on our agency's website, and available upon request by contacting 573-632-2700.

Missouri Rural Health Association operates its programs and services without regard to race, color, or national origin, in accordance with Title VI of the Civil Rights Act of 1964.

If you believe you have been discriminated against on the basis of race, color, or national origin by Missouri Rural Health Association, you may file a Title VI complaint by completing, signing, and submitting the agency's Title VI Complaint Form.

How to file a Title VI complaint with the Missouri Rural Health Association:

1. Contact Mary Gordon, Missouri Rural Health Association c/o Community Asset Builders, LLC at 2412 Hyde Park, Suite B, Jefferson City, MO 65109 or call 573-632-2700.
2. In addition to the complaint process at Missouri Rural Health Association, complaints may be filed directly with the Federal Transit Administration, Office of Civil Rights, Region 7, 901 Locust Street, Suite 404, Kansas City, Missouri 64106 or call 816-329-3920.
3. Complaints must be filed within 180 days following the date of the alleged discriminatory occurrence and should contain as much detailed information about the alleged discrimination as possible.
4. The form must be signed and dated, and include your contact information.

If information is needed in another language, contact the Missouri Rural Health Association at 573-616-2740.

D. Procedure for Filing a Title VI Complaint

Filing a Title VI Complaint

The complaint procedures apply to the beneficiaries of the Missouri Rural Health Association's programs, activities, and services.

RIGHT TO FILE A COMPLAINT: Any person who believes they have been discriminated against on the basis of race, color, or national origin by Missouri Rural Health Association may file a Title VI complaint by completing and submitting the agency's **Title VI Complaint Form**. Title VI complaints must be received in writing within 180 days of the alleged discriminatory complaint.

HOW TO FILE A COMPLAINT: Information on how to file a Title VI complaint is posted on our agency's website, and in public areas of our agency.

You may download the Missouri Rural Health Association's Title VI Complaint Form at www.morha.org, or request a copy by writing to Missouri Rural Health Association, 2412 Hyde Park, Suite B, Jefferson City, MO 65109. Information on how to file a Title VI complaint may also be obtained by calling the Missouri Rural Health Association at 573-616-2740.

You may file a signed, dated complaint no more than 180 days from the date of the alleged incident. The complaint should include:

- Your name, address and telephone number.
- Specific, detailed information (how, why and when) about the alleged act of discrimination.
- Any other relevant information, including the names of any persons, if known, the agency should contact for clarity of the allegations.

Please submit your complaint form to the Missouri Rural Health Association.

COMPLAINT ACCEPTANCE: The Missouri Rural Health Association will process complaints that are complete. Once a completed Title VI Complaint Form is received, Missouri Rural Health Association will review it to determine if Missouri Rural Health Association has jurisdiction. The complainant will receive an acknowledgement letter informing them whether or not the complaint will be investigated by Missouri Rural Health Association.

INVESTIGATIONS: Missouri Rural Health Association will generally complete an investigation within 90 days from receipt of a completed complaint form. If more information is needed to resolve the case, Missouri Rural Health Association may contact the complainant. Unless a longer period is specified by Missouri Rural Health Association, the complainant will have ten (10) days from the date of the letter to send requested information to the Missouri Rural Health Association.

If the requested information is not received within that timeframe the case will be closed. Also, a case can be closed if the complainant no longer wishes to pursue the case.

LETTERS OF CLOSURE OR FINDING: After Missouri Rural Health Association reviews the complaint, Missouri Rural Health Association will issue one of two letters to the complainant: a closure letter or letter of finding (LOF).

- A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed.

- A Letter of Finding (LOF) summarizes the allegations and provides an explanation of the corrective action taken.

If the complainant disagrees with Missouri Rural Health Association’s determination, the complainant may request reconsideration by submitting the request in writing to the Title VI investigator within seven (7) days after the date of the letter of closure or letter of finding, stating with specificity the basis for the reconsideration. Missouri Rural Health Association will notify the complainant of the decision either to accept or reject the request for reconsideration within ten (10) days. In cases where reconsideration is granted, Missouri Rural Health Association will issue a determination letter to the complainant upon completion of the reconsideration review.

A person may also file a complaint directly with the Federal Transit Administration, at the FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, contact Missouri Rural Health Association, 2412 Hyde Park, Suite B, Jefferson City MO, 65109 or at 573-616-2740.

E. Monitoring Title VI Complaints, Investigations, Lawsuits *and* Documenting Evidence of Agency Staff Title VI Training

Documenting Title VI Complaints/Investigations

All Title VI complaints will be entered and tracked in Missouri Rural Health Association’s complaint log. Active investigations will be monitored for timely response on the part of all parties. Association staff shall maintain the log.

Agency Title VI Complaint Log

Date complaint filed	Complainant	Basis of complaint R-C-NO	Summary of allegation	Pending status of complaint	Actions taken	Closure Letter (CL)	Letter of Finding (LOF)	Date of CL or LOF

Documenting Evidence of Agency Staff Title VI Training

Missouri Rural Health Association’s staff are given Title VI training, and agency can answer affirmatively to all the following questions:

1. Are new employees made aware of Title VI responsibilities pertaining to their specific duties?
2. Do new employees receive this information via employee orientation?
3. Is Title VI information provided to all employees and program applicants?

4. Is Title VI information prominently displayed in the agency and on any program materials distributed, as necessary?

F. Public Engagement Plan

Goal

The goal of the Public Engagement Plan is to have significant and ongoing public involvement, by all identified audiences, in the public participation process for major agency outreach efforts.

Objectives

- To understand the service area demographics and determine what non-English languages and other cultural barriers exist to public participation.
- To provide general notification of meetings and forums for public input, in a manner that is understandable to all populations in the area.
- To hold public meetings in locations that are accessible to all area stakeholders, including but not limited to minority and low income members of the community.
- To provide methods for two-way communication and information and input from populations which are less likely to attend meetings.
- To convey the information in various formats to reach all key stakeholder groups.

Identification of Stakeholders

Stakeholders are those who are either directly or indirectly affected by an outreach effort, system or service plan or recommendations of that plan. Stakeholders include but are not limited to the following:

- Board of Directors – the governing board of the agency. The role of the Board is to establish policy and legislative direction for the agency. The Board defines the agency’s mission, establishes goals, and approves then budget to accomplish the goals.
- Advisory Bodies – non-elected advisory bodies review current and proposed activities of the agency, and are encouraged to be active in the agency’s public engagement process. Advisory bodies provide insight and feedback to the agency.
- Agency transit riders and clients
- Minority and low income populations, including limited English proficient persons
- Community health centers
- Medical providers
- Local jurisdictions and other government stakeholders
- Private businesses and organizations
- Employers
- Partner agencies

Elements of the Public Engagement Plan

1. Public Notice

- a. Official notification of intent to provide opportunity for members of the general public to participate in public engagement plan development, including participation in open Board/council meetings, and advisory committees.

2. Public Engagement Process/Outreach Efforts:

- a. Public meetings
- b. Rider outreach
- c. Focus groups
- d. Surveys
- e. Services for the Disabled (Notices of opportunities for public involvement include contact information for people needing these or other special accommodations.)

Events such as public meetings are held at partnering organizations and other non-profit locations easily accessible to public transit and compliant with the Americans with Disabilities Act.

3. Public Comment

- a. Formal public comment periods are used to solicit comments on major public involvement efforts around an agency service or system change.
- b. Comments are accepted through various means:
 - i. Dedicated email address.
 - ii. Website.
 - iii. Regular mail.
 - iv. Phone calls to the Missouri Rural Health Association at 573-616-2740.

4. Response to Public Input

All public comments are provided to the Board of Directors prior to decision making. A publicly available summary report is compiled, including all individual comments.

Title VI Outreach Best Practices

Missouri Rural Health Association ensures all outreach strategies, communications and public involvement efforts comply with Title VI. Missouri Rural Health Association's Public Engagement Plan proactively initiates the public involvement process and makes concerted efforts to involve members of all social, economic, and ethnic groups in the public involvement process. Aligned with the above referenced communication tactics, Missouri Rural Health Association provides the following:

- a. Title VI non-discrimination notice on agency's website.
- b. Communication materials in languages other than English (subject to Safe Harbor parameters) supplied through partner organizations.
- c. Services for Limited English Proficient persons via community partners. Upon advance notice, translators may be provided.

2019 – 2021 Title VI Program Public Engagement Process

Missouri Rural Health Association conducted a Public Engagement Process for the 2019-2021 Title VI Program from August 20-22, 2019. This process included an informational session held in conjunction with the annual conference, and an electronic survey to seek input, provide education, and highlight key components of the Title VI Plan. Materials have been created to explain Title VI policies as well as provide education on how they relate to minority populations.

Missouri Rural Health Association provided briefings to the Missouri Rural Health Association Board of Directors, and the Board of Directors is responsible for approving the plan.

Missouri Rural Health Association will conduct a 30-day public comment period to provide opportunities for feedback on the 2019-2021 Title VI Program beginning August 20 and ending September 19, 2019.

Comments will be accepted during the public outreach period via:

- a. Email
- b. Mail
- c. Phone
- d. In person
- e. Survey tool (as needed)

G. Language Assistance Plan

Missouri Rural Health Association Limited English Proficiency Plan

This limited English Proficiency (LEP) Plan has been prepared to address Missouri Rural Health Association's responsibilities as a recipient of federal financial assistance as they relate to the needs of individuals with limited language skills. The plan has been prepared in accordance with Title VI of the Civil Rights Act of 1964; Federal Transit Administration Circular 4702.1B, dated October 1, 2012, which states that the level and quality of transportation service is provided without regard to race, color, or national origin.

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

Service Area Description:

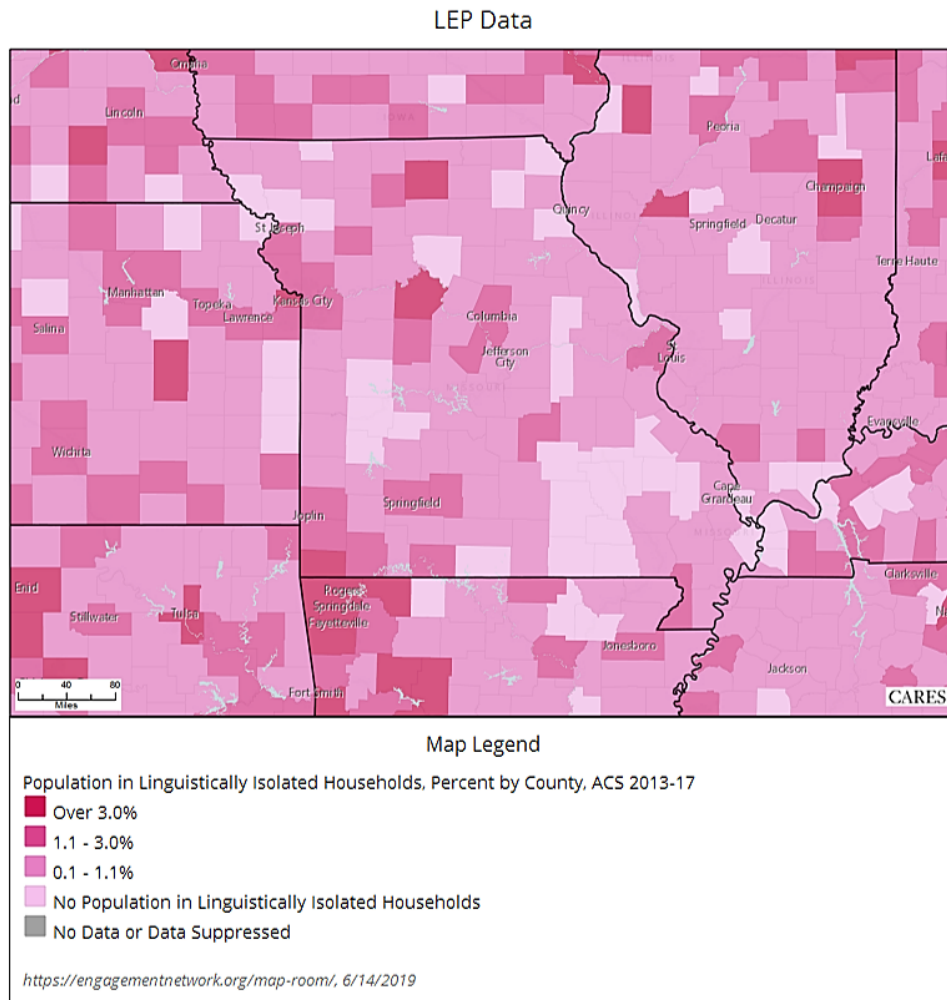
Missouri Rural Health Association serves the entire state of Missouri, with a focus on rural.

Missouri Rural Health Association has developed this LEP Plan to help identify reasonable steps for providing language assistance to persons with limited English proficiency who wish to access services provided by Missouri Rural Health Association. As defined in Executive Order 13166, LEP persons are those who do not speak English as their primary language and have limited ability to read, speak, write or understand English. This plan outlines how to identify a person who may need language assistance, and the ways in which assistance may be provided.

In order to prepare this plan, Missouri Rural Health Association undertook the **four-factor LEP analysis** which considers the following factors:

Four Factor Analysis

1. The number and proportion of LEP persons eligible to be served or likely to be encountered in the service area: A significant majority of people in the Missouri Rural Health Association HealthTran service area are proficient in the English language. Based on US Census Bureau, American Community Survey, 2009-2013 data, [0.82%] of the population five years of age and older speak English “less than very well” – a definition of limited English proficiency.



2. Frequency of Contact by LEP Persons with Missouri Rural Health Association’s Services: Missouri Rural Health Association HealthTran reviewed the frequency with which staff and community partners have, or could have, contact with LEP persons. To date, Missouri Rural Health Association has had no requests for an interpreter.

LEP Staff Survey Form

Missouri Rural Health Association is studying the language assistance needs of its riders so that we can better communicate with them if needed.

1. How often do you come into contact with passengers who do not speak English or have trouble understanding you when you speak English to them?
 DAILY WEEKLY MONTHLY LESS THAN MONTHLY
2. What languages do these passengers speak?
3. What languages (other than English) do you understand or speak?
4. Would you be willing to serve as a translator when needed?

Frequency of Contact with LEP Persons	
Frequency	Language Spoken by LEP Persons
Daily	
Weekly	
Monthly	
Less frequently than monthly	

3. The importance of programs, activities or services provided by Missouri Rural Health Association to LEP persons:

Outreach activities, summarized in Missouri Rural Health Association’s Title VI Public Engagement Plan, include events such as public meetings and/or open houses held at schools, churches, libraries and other non-profit locations, and include specific outreach to LEP persons to gain understanding of the needs of the LEP population, and the manner (if at all) needs are addressed.

Outside Organization LEP Survey
<p>Organization: _____</p> <ol style="list-style-type: none"> 1. What language assistance needs are encountered? 2. What languages are spoken by persons with language assistance needs? 3. What language assistance efforts are you undertaking to assist persons with language assistance needs? 4. When necessary, can we use these services?

4. The resources available to Missouri Rural Health Association and overall cost to provide LEP assistance:

Strategies for Engaging Individuals with Limited English Proficiency include:

1. Language line. Upon advance notice, translators can be provided through HealthTran’s transportation and medical partners.
2. Written translations of vital documents (identified via safe harbor provision) through HealthTran’s transportation and medical partners.

3. One-on-one assistance through outreach efforts through HealthTran’s transportation and medical partners.
4. To the extent feasible, assign bilingual staff for community events, public hearings and Board of Directors meetings and on the customer service phone lines through HealthTran’s transportation and medical partners.

As applicable: Based on our demographic analysis Missouri Rural Health Association has determined that no language group(s) within its service area meets Safe Harbor criteria requiring written translated “vital documents” by language group(s).

Missouri Rural Health Association will provide assistance and direction to LEP persons who request assistance.

Staff LEP Training

The following training will be provided to Missouri Rural Health Association HealthTran staff:

1. Information on Missouri Rural Health Association Title VI Procedures and LEP responsibilities.
2. Description of language assistance services offered to the public.
3. Documentation of language assistance requests.

Monitoring and Updating the LEP Plan

The LEP Plan is a component of Missouri Rural Health Association’s Title VI Plan requirement. Missouri Rural Health Association will update the LEP plan as required. At minimum, the plan will be reviewed and updated when it is clear that higher concentrations of LEP individuals are present in the Missouri Rural Health Association HealthTran service area. Updates include the following:

1. How the needs of LEP persons have been addressed.
2. Determine the current LEP population in the service area.
3. Determine as to whether the need for, and/or extent of, translation services has changed.
4. Determine whether local language assistance programs have been effective and sufficient to meet the needs.
5. Determine whether Missouri Rural Health Association's financial resources are sufficient to fund language assistance resources as needed.
6. Determine whether Missouri Rural Health Association has fully complied with the goals of this LEP Plan.
7. Determine whether complaints have been received concerning Missouri Rural Health Association’s failure to meet the needs of LEP individual.

H. Advisory Bodies

Missouri Rural Health Association’s only advisory body is the Board of Directors.

Table Depicting Membership of Committees, Councils, By Race

Committee	Caucasian	Latino	African American	Asian American		Total
Board of Directors						100%

Description of efforts made to encourage minority participation on committees:

The Missouri Rural Health Association makes every effort to have diverse representation on the board of directors. Much of the representation is dictated by interest, election and geographic location.

I. Subrecipient Assistance

Subrecipient Assistance

Missouri Rural Health Association does not have any subrecipients.

J. Subrecipient Monitoring

Subrecipient Monitoring

Missouri Rural Health Association does not have any subrecipients.

K. Equity Analysis of Facilities

Missouri Rural Health Association has not constructed any storage facilities, maintenance facilities, or operations centers in the last three years and has no intention of constructing such facilities.

L. System-Wide Service Standards and Policies*

Not applicable. Missouri Rural Health Association is not a transportation provider. The only services provided are mobility management or contract/purchase of service.

M. Requirement to Collect and Report Demographic Data*

Not applicable. Missouri Rural Health Association is not a transportation provider. The only services provided are mobility management or contract/purchase of service.

N. Requirement to Monitor Transit Service*

Not applicable. Missouri Rural Health Association is not a transportation provider. The only services provided are mobility management or contract/purchase of service.

O. Service and Fare Equity Analysis*

Not applicable. Missouri Rural Health Association is not a transportation provider. The only services provided are mobility management or contract/purchase of service.

MISSOURI RURAL HEALTH ASSOCIATION TITLE VI COMPLAINT FORM

“No person in the United States shall, on the basis of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” If you feel that you have been discriminated against in the provision of transportation services, please provide the following information to assist us in processing your complaint. Should you require any assistance in completing this form or need information in alternate formats, please let us know.

Please mail or return this form to:
Missouri Rural Health Association
2412 Hyde Park, Suite B, Jefferson City, MO 65109
melissa@morha.org or call 573-616-2740

PLEASE PRINT

1. Complainant's Name:
a. Address:
b. City: _____ State: _____ Zip Code: _____
c. Telephone (include area code): Home () or Cell () Work () - () -
d. Electronic mail (e-mail) address:
Do you prefer to be contacted by this e-mail address? () YES () NO
2. Accessible Format of Form Needed? () YES specify: _____ () NO
3. Are you filing this complaint on your own behalf? () YES If YES, please go to question 7. () NO If no, please go to question 4
4. If you answered NO to question 3 above, please provide your name and address.
a. Name of Person Filing Complaint:
b. Address:
c. City: _____ State: _____ Zipcode: _____
d. Telephone (include area code): Home () or Cell () Work () - () -
e. Electronic mail (e-mail) address:
Do you prefer to be contacted by this e-mail address? () YES () NO
5. What is your relationship to the person for whom you are filing the complaint?
6. Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. () YES, I have permission. () NO, I do not have permission.
7. I believe that the discrimination I experienced was based on (check all that apply): () Race () Color () National Origin (classes protected by Title VI) () Other (please specify)
8. Date of Alleged Discrimination (Month, Day, Year):
9. Where did the Alleged Discrimination take place?
10. Explain as clearly as possible what happened and why you believe that you were discriminated against. Describe all of the persons that were involved. Include the name and contact information of the person(s) who discriminated against you (if known). <i>Use the back of this form or separate pages if additional space is required.</i>
11. Please list any and all witnesses' names and phone numbers/contact information. <i>Use the back of this form or separate pages if additional space is required.</i>
12. What type of corrective action would you like to see taken?
13. Have you filed a complaint with any other Federal, State, or local agency, or with any Federal or State court? () YES If yes, check all that apply. () NO a. () Federal Agency (List agency's name)

b. () Federal Court (Please provide location) c. () State Court d. () State Agency (Specify Agency) e. () County Court (Specify Court and County) f. () Local Agency (Specify Agency)		
14. If YES to question 14 above, please provide information about a contact person at the agency/court where the complaint was filed.		
Name:	Title:	
Agency:	Telephone: () -	
Address:		
City:	State:	Zip Code:

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

Signature and date is required:

Signature

Date

If you completed Questions 4, 5 and 6, your signature and date is required:

Signature

Date

Title VI Self-Survey Form

Date filed with MoDOT Transit Section:

DATE

Survey Date:

Period Covered:

Name of Program/Grant:

- A. Summary of Complaints:
- B. Number of complaints for the period:
- C. Number of complaints voluntarily resolved:
- D. Number complaints currently unresolved:
- E. Attach a summary of any type of complaint and provide:
 - Name of complainant
 - Race
 - Allegation
 - Findings
 - Corrective Action
 - Identify any policy/procedure changes made as a result of the complaint.
 - Provide the date history (date complaint received through resolution)

Distribution of Title VI Information

- 1. Are new employees made aware of the Title VI responsibilities pertaining to their specific duties?
YES NO
- 2. Do new employees receive this information via employee orientation?
YES NO
- 3. Is Title VI information provided to all employees and program applicants?
YES NO
- 4. Is Title VI information prominently displayed in the organization and on relevant program materials?
YES NO
- 5. Identify any improvements you have implemented since the last self-survey to support Title VI communication to employees and program applicants.
- 6. Identify any improvements you plan to implement before the next self-survey to support Title VI communication to employees and program applicants.
- 7. Identify any problems encountered with Title VI compliance, and discuss possible remedies.

Signature: _____, Title: _____, Date: _____