Michigan Department of Transportation 0179 (07/17)

TITLE VI SUB-RECIPIENT ANNUAL CERTIFICATION FORM

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This form is to certify compliance with Title VI of the Civil Rights Act of 1964. If your Title VI Plan has been approved by the Michigan Department of Transportation (MDOT), all changes to the organization's Title VI Plan which occurred during the current fiscal year (October 1st through September 30th) must be reported on this form. Please attach additional pages, as necessary, to provide a complete response to each question.

	DF ORGANIZATION e Isle County Road Commis	sion							
NAME OF TITLE VI COORDINATOR Gerald Smigelski					TITLE Supt./Mgr				
ADDRE	SS Bradley Hwy								
CITY Rogers City			COUNTY Presque Isle			STATE MI	ZIP CODE 49779	- American	
STATE OF THE STATE		FAX NO. 989 734-2349				DDRESS oad.com	1	1	
1.	Has your Title VI Coordinator/EEO Officer changed during the reporting period or since your last Title VI Plan was approved? If yes, please list the name and contact information for the new coordinator/EEO Officer.								
2.	Has your organization had any projects that have Title VI, LEP, or EJ impacts? How many? If yes, what did you do to ensure that those populations affected by the project had meaningful access to and involvement in the development process?								
3.	What is the number or percentage of LEP or EJ populations who were affected by the project?								
4.	How many public involvement meetings did you hold during the reporting period?								
5.	Did you provide language assistance at any of your public meetings during the reporting period? How many persons received this assistance? ▼ No Yes								
6.	Did you provide reasonable accommodation to persons with disabilities during the reporting period? How many?								Yes
7.	Did you receive any formal or informal Title VI complaints, or law suits during this reporting period? If yes, how many, and please provide details regarding each complaint or law suit and the resolution. ▼ No ▼ No								
8.	How many contracts did you enter into with Disadvantaged Business Enterprises during the reporting period? If none, what did you do to encourage participation by DBEs?								
9.	During this reporting period, how many of your employees have been educated about Title VI and their responsibility to ensure non-discrimination in any of your programs, services, or activities.								
10. Please provide any comments or additional information related to the organization's Title VI Plan.									
The info	ormation reported on this for	rm is accura	ate and reflects al	I chang	ges to the	organization's	Title VI Pla	n for the	current fiscal
NAME	rold mig 2-		TITLE Supt./Mgr				DATE August 29	IX	
	ave any questions regarding T I COMPLETED FORM VIA EM				ator (517)	241-7462, or <u>N</u>	MDOT-TitleVI@	@michigan.	.gov. PLEASE