American Red Cross West Michigan Region
Title VI Plan

Date Adopted:

I. Plan Statement

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides 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 subjected to discrimination under any program or activity receiving Federal financial assistance” (42 U.S.C. Section 200d)

American Red Cross West Michigan Region is committed to ensuring that no person is excluded from participation in, be denied the benefits of its transportation services on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) circular 4702.1.B

This plan was developed to guide the American Red Cross West Michigan Region in its administration and management of Title VI-related activities.

Title VI Coordinator Contact Information
Mark Evans, Regional Director of Transportation
313 West Webster Ave.
Muskegon, MI 49440
231-726-3555 Ext. 204232
mark.evans@redcross.org

II. Title VI Information Dissemination

Title VI information posters are prominently and publicly displayed in the American Red Cross West Michigan Region transportation facilities (see Appendix G). The name of the Title VI coordinator is available on the American Red Cross West Michigan Region website, at http://redcrossggr.wordpress.com/tag/west-michigan/.

Additional information relating to nondiscrimination obligations can be obtained from the American Red Cross West Michigan Region Title VI Coordinator.
During New Employee Orientation, new employees shall be informed of the provisions of Title VI, and the American Red Cross West Michigan Region’s expectations to perform their duties accordingly. (See Appendix A)

All employees shall be provided a copy of the Title VI Plan and are required to sign the Acknowledgment of Receipt (see Appendix B)

III. Subcontracts and Vendors

All subcontractors and vendors who receive payments from the American Red Cross West Michigan Region where funding originates from any federal assistance are subject to the provisions of the Title VI of the Civil Rights Act of 1964 as amended.

Written contracts shall contain non-discrimination language, either directly or through the bid specification package which becomes an associated component of the contract.

IV. Record Keeping

The Title VI Coordinator will maintain permanent records, which include, but are not limited to, signed acknowledgment of the receipt from the employees indicating the receipt of the American Red Cross West Michigan Region Title VI Plan, copies of the Title VI complaints or lawsuits and related documentation, and records of correspondence to and from complainants, and Title VI investigations.

V. Title VI Complaint Procedures

How to File a Title VI Complaint

The complainant may file a signed, written complaint up to thirty (30) days from the date of the alleged discrimination. The complaint should include the following information:

- Your name, mailing address, and how to contact you (i.e., telephone number, e-mail address, etc.)
- How, when, where, and why you believe you were discriminated against. Include the location, names and contact information of any witnesses
- Other information that you deem significant
The Title VI Complaint Form (see Appendix C) may be used to submit the complaint information. The complaint may be filed in writing with the Title VI Coordinator for the American Red Cross West Michigan Region at the following address:

American Red Cross West Michigan Region
313 West Webster Ave.
Muskegon, MI 49440

NOTE: The American Red Cross West Michigan Region encourages all complainants to certify all mail that is sent through the U.S. Postal Service and/or ensure that all written correspondence can be tracked easily. For complaints originally submitted by facsimile, an original, signed copy of the complaint must be mailed to the Title VI Coordinator as soon as possible, but no later than 30 days from the alleged date of the discrimination.

What Happens to the Complaint After it is Submitted
All complaints alleging discrimination based on race, color, or national origin in a service or benefit provided by the American Red Cross West Michigan Region will be directly addressed by the American Red Cross West Michigan Region. American Red Cross West Michigan Region shall also provide appropriate assistance to complainants, including those persons with disabilities, or who are limited in their ability to communicate in English. Additionally, American Red Cross West Michigan Region shall make every effort to address all complaints in an expeditious and thorough manner.

A letter of acknowledging receipt of complaint will be mailed within seven days (Appendix D). Please note that in responding to any additional information, a complainant’s failure to provide the requested information may result in the administrative closure of the complaint.

How Will the Complainant be notified of the outcome of the complaint?
American Red Cross West Michigan Region will send a final written response letter (See Appendix E or F) to the complainant. In the letter notifying the complainant that the complaint is not substantiated (Appendix F), the complainant is also advised of his/her right to 1) appeal within seven calendar days of the receipt of the final written decision from the American Red Cross West Michigan Region and/or 2) file a complaint externally with the U.S. Department of Transportation and/or the FTA. Every effort will be made to respond to Title VI complaints within 60 working days of such complaints, if not sooner.
Once sufficient information for investigating the complaint is received by American Red Cross West Michigan Region, a written response will be drafted subject to review by the transits attorney. If appropriate, American Red Cross West Michigan Region’s attorney may administratively close the complaint. In this case, American Red Cross West Michigan Region will notify the complainant of the action as soon as possible.

In addition to the complaint procedure described above, a complainant may file a Title VI complaint with the following office.
Federal Transit Administration Office of Civil Rights
Attention: Title VI Program Coordinator
East Building, 5th Floor-TCR
1200 New Jersey Ave. SE
Washington DC 20590

VI. Limited English Proficiency (LEP) Plan

American Red Cross West Michigan Region has used FTA’s Four Factor Analysis to design a plan that ensures that our Service provides equal opportunity to persons with limited English proficiency.

VII. Community Outreach

As an agency receiving federal financial assistance, we have made the following community outreach efforts since the last update of the Title VI plan:

Board Meetings-The Board of Directors hold quarterly meetings and the public is invited to attend.

Customer Satisfaction Surveys- are conducted on a regular basis. Our most Rider Satisfaction Survey was completed in March of 2017

Medical Community Surveys- are conducted bi-annually. Our most recent medical facility survey was done in April 2018

Community Committees- In an attempt to coordinate transportation services and address community needs, we are members of the following committees:
- Specialized Services Committee
- Senior Advocates Coalition
- Emergency Needs Task Force Transportation Subcommittee

Voices for Health- The American Red Cross West Michigan Region subscribes to this service,
which provides translation for over 150 languages, 24 hours a day, 365 days a year

Public Notice-We have submitted annual MDOT 5310 applications to Michigan Department of Transportation. The applications request funding for capital assistance and require a public notice, which includes a 30 day public comment period

Public Presentations- The American Red Cross West Michigan Regional Transportation Director/Title VI coordinator presents regular public presentations regarding our service to such groups as Lions Clubs, Latinos for the Future, various neighborhood associations, and the United Way.

Customer Complaint Process- Customers must put all complaints in writing and direct them to our Title VI Coordinator, Mark Evans at American Red Cross West Michigan Region, 313 West Webster Ave. Muskegon, MI 49440. All complaints/comments are input into a database and then distributed to the relevant manager who researches the complaint and responds back to the citizen in writing.

Transit Improvement Plan- The TIP is a fiscally constrained three-year planning document that addresses transportation projects and programs including: federal, state and local highways, transit, ride sharing, bike paths and pedestrian facilities. If an item we wish to purchase is not in the TIP, it cannot be funded. The TIP process includes public hearings and public comment periods.

VIII. Membership of Non-Elected Committees and Councils

<table>
<thead>
<tr>
<th>Body</th>
<th>Caucasian</th>
<th>Latino</th>
<th>African American</th>
<th>Asian American</th>
<th>Native American</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>82.6%</td>
<td>7.5%</td>
<td>12.3%</td>
<td>1.5%</td>
<td>1%</td>
</tr>
<tr>
<td>LAC</td>
<td>66.6%</td>
<td>0%</td>
<td>33.3%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**NOTE:** The Red Cross does not select the members of the LAC or the other community committees listed in the community outreach section of this document. Population figures are for Muskegon and Kent Counties combined.
IX. Facility Construction

If the American Red Cross were to construct transportation facility, we shall complete a Title VI equity analysis during the planning stage with regard to where a project is located or sited to ensure the location is selected without regard to race, color, or national origin.

When evaluating locations of facilities, the Red Cross will give attention to other facilities with similar impacts in the area to determine if any cumulative adverse impacts might result.

If the Red Cross determines that the location of the project will result in a disparate impact on the basis of race, color, or national origin, the Red Cross will only locate the project in that location if there is a substantial legitimate justification for locating the project there, and where there are no alternate locations that would have a less disparate impact on the basis of race, color or national origin.
American Red Cross West Michigan Region Limited English Proficiency (LEP)

Four Factor Analysis:

1. **Determine the number of LEP persons to be served or likely to be encountered.**

The 2010 US Census reported a total population in Kent County, Michigan, of individuals 5 years or older to be 570,634.

When reporting on the Language Spoken at Home, the Census reported 500,446 spoke “only English” and 70,188 spoke “other than English”. Of the 43,939 residents who spoke Spanish, 18,410 said they spoke English “less than very well”. Of the 14,265 of residents who spoke Other Indo-European languages, 5092 said they spoke English “less than very well”. Of the 7989 of residents who spoke Asian and Pacific Island languages, 4441 said they spoke English “less than very well”. For the 3424 of residents who spoke other languages, 1527 said they spoke English “less than very well”.

This means of the 570,634 Kent County residents over 5 years old, 29,200 indicated they spoke English “less than very well”. This represents 5.1% of the population.

2. **Determine the frequency with which the LEP persons come into contact with the program.**

In surveying the drivers, dispatchers and staff, it was determined we have a minimal number of clients who have Limited English Proficiency who come in contact with our program.

3. **The nature and importance of the program, activity or service provided to people’s lives.**

The American Red Cross West Michigan Region provides transportation services to senior citizens, disabled and low income individuals for medical, mental health and social service appointments. Our service is vital to those individuals, including the LEP population, who have no other way to get to their vital medical appointments. Nearly half of the rides we provide are for dialysis clients with no other means to get to their life saving treatment.
4. **Determine the resources available and cost**

The American Red Cross provides a great number of services that may involve individuals with Limited English Proficiency. In order to prepare for such interaction, the Red Cross subscribes to “Voices for Health”, which provides translation for over 150 languages and is available 24 hours a day, 7 days a week. Some LEP individuals may be referred to us by case managers. In these cases, most LEP needs are addressed as part of the referral process. The agency also has some bi-lingual volunteers and who can assist with specific bi-lingual individuals at little or no cost to the agency.

**LEP Plan:**

- Use “voices for Health” to assist LEP individuals. Clarify LEP needs with case managers in the referral process. Survey drivers, dispatchers and staff regarding their experience with LEP individuals.

**Language Assistance Measures**

- Use “Voices for Health” to assist LEP individuals
- Use resources available from case managers
- Use Bi-lingual volunteers and agency staff members

Coordinate with other social service agencies for LEP resources and assistance as the need arises.

**Staff Training**

Staff and volunteers are educated on LEP as part of their orientation and refresher training.

**Outreach**

- Use “Voices for Health” to assist LEP individuals
- Use case managers to identify LEP individuals
- Use Bi-lingual volunteers and agency staff members to identify LEP individuals
- Document language assistance requests from LEP individuals
- Coordinate with other agencies to identify LEP individuals
5. Updating the LEP

The LEP plan will be updated as census data, the number of LEP requests, and staff and volunteer experiences change.

6. Dissemination of the LEP Plan

Copies of the LEP Plan will be kept at our offices and given to staff, volunteers and any coordinating agencies or individuals requesting the document.

Any questions or comments regarding this plan should be directed to:

Mark Evans
American Red Cross
Regional Director of Transportation
313 West Webster Ave.
Muskegon, MI 49440
231-726-3555 Ext. 204232
EMPLOYEE TITLE VI POLICY

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 subjected to discrimination under any program or activity receiving Federal financial assistance.

All employees of the American Red Cross West Michigan Region are expected to consider, respect, and observe this policy in their daily work and duties. If a citizen approaches you with a question or complaint, direct them to the Title VI Coordinator.

In all dealings with citizens, use courtesy titles (i.e. Mr., Mrs., Ms. Or Miss) to address them without regard to race, color or national origin.
Acknowledgement of Receipt of the Title VI Plan

I hereby acknowledge the receipt of the American Red Cross West Michigan title VI Plan. I have read the plan and am committed to ensuring that no person is excluded from participation in, or denied the benefits of its transit services on the basis of race, color or national origin, as protected by Title VI in the Federal Transit Administration (FTA) Circular 4702.1B

________________________________
Your Signature

________________________________
Print Your Name

________________________________
Date

APPENDIX C
TITLE VI COMPLAINT FORM

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides 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 subjected to discrimination under any program or activity receiving Federal financial assistance.

If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint and send it to:

Mark Evans
American Red Cross West Michigan Region
1050 Fuller Ave. NE
Grand Rapids, MI 49503

Please print clearly:

Name: ___________________________________________________________________

Address: __________________________________________________________________

City, state, Zip Code: __________________________________________________________________

Telephone: Home_________________ Cell_________________

Person discriminated against____________________________________________________________________

Address of person discriminated against____________________________________________________________________

City, State, Zip Code: _______________________________________________________________________

Please indicate why you believe the discrimination occurred

________Race or color

________National Origin

________Income

________Other

What was the date of the alleged discrimination ________________________________________________

Where did the alleged discrimination occur _________________________________________________
Please describe the circumstances as you saw it
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please list any witnesses, their names and phone numbers
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What type of corrective action would you like to see taken
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please attach any documents you have to support your allegation. Please date and sign the form and send it to the Title VI Coordinator at:

American Red Cross West Michigan Region
1050 Fuller Ave. NE
Grand Rapids, MI 49503

________________________________________________________
Print Name Date

Signature ____________________________________________

APPENDIX D
Letter Acknowledging Receipt of Complaint

Ms. Jo Doe  
1234 Main Street  
Grand Rapids, MI 49503

Dear Ms. Doe:

This letter is to acknowledge receipt of your complaint against the American Red Cross West Michigan Region alleging

______________________________________________________________________________
______________________________________________________________________________

An investigation will begin shortly. If you have additional information you wish to convey or questions concerning this matter, please feel free to contact this office by telephoning 616-456-8661 Ext. 3705, or write me at this address:
American Red Cross West Michigan Region  
1050 Fuller Ave. NE  
Grand Rapids, MI 49503

Sincerely,

Mark Evans  
American Red Cross West Michigan Region  
1050 Fuller Ave. NE  
Grand Rapids, MI 49503

APPENDIX E
Ms. Jo Doe
1234 Main Street
Grand Rapids, MI 49503

Dear Ms. Doe:

The matter referenced in your letter of __________ (date) against the American Red Cross West Michigan Region alleging Title VI violation has been investigated. (An/Several) apparent violation(s) of Title VI of the Civil Rights Act of 1964, including those mentioned in your letter (was/were) identified. Efforts are underway to correct (this/these) deficiencies.

Thank you for calling this important matter to our attention. You were extremely helpful during our review of the program. (If a hearing is requested, the following sentence may be appropriate). You may be hearing from this office, or from federal authorities, if your services should be needed during the administrative hearing process.

Sincerely,

Mark Evans
American Red Cross West Michigan Region
1050 Fuller Ave. NE
Grand Rapids, MI 49503
LETTER NOTIFYING COMPLAINTANT THAT THE COMPLAINT IS NOT SUBSTANTIATED

Ms. Jo Doe
1234 Main Street
Grand Rapids, MI  49503

Dear Ms. Doe:
The matter referenced in your letter of _________ (date) against the American Red Cross West Michigan Region alleging Title VI violation has been investigated.

The results of the investigation did not indicate that the provisions of Title VI of the Civil Rights Act of 1964 had in fact been violated. As you know, Title VI prohibits discrimination based on race, color or national origin in any program receiving federal financial assistance.

The American Red Cross West Michigan Region has analyzed the materials and facts pertaining to your case for evidence of our organizations failure to comply with any of the civil rights laws. There was no evidence found that any of these laws have been violated.

I therefore advise you that your complaint has not been substantiated, and that I am closing this matter in our files.

You have the right to 1) appeal within seven calendar days of the receipt of the final written decision from the American Red Cross West Michigan Region and/or 2) file a complaint externally with the U.S. Department of Transportation and/or the FTA at:
   Federal Transit Administration Office of Civil Rights
   Attention: Title VI Program Coordinator
   East Building, 5th Floor-TCR
   1200 New Jersey Ave. SE
   Washington DC 20590

Thank you for taking the time to contact us. If I can be of further assistance, please contact me.

Sincerely,

Mark Evans
American Red Cross West Michigan Region
1050 Fuller Ave. NE
Grand Rapids, MI  49503

APPENDIX G
Samples of Narratives to be included in Posters to be Displayed in Revenue Vehicles and Facilities

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides 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 subjected to discrimination under any program or activity receiving Federal financial assistance” (42 U.S.C. Section 200d)

American Red Cross West Michigan Region is committed to ensuring that no person is excluded from participation in, be denied the benefits of its transportation services on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) circular 4702.1.B

For more information, visit our website at

http://redcrossggr.wordpress.com/tag/west-michigan/