

Title VI Plan

City of Black River Falls, Wisconsin

Adopted on: April 15, 2014

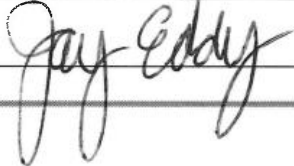
Adopted by: Black River Falls Common Council

Revised on: November 7, 2018

This policy is hereby adopted and signed by:

City of Black River Falls, Wisconsin

Executive Name/Title: Jay Eddy, Mayor

Executive Signature: 

Policy Statement

The **City of Black River Falls, Wisconsin** as a recipient of Federal Transit Administration (FTA) grant dollars either directly from FTA or through the Wisconsin Department of Transportation (WisDOT) will comply with the Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) and the U.S. Department of Transportation implementing regulations.

Title VI Plan Elements

The **City of Black River Falls, Wisconsin's** Title VI plan includes the following elements:

1. Evidence of Policy Approval
2. Notice to the Public
3. Complaint Procedure
4. Complaint Form
5. List of transit related Title VI Investigations, Complaints and Lawsuits
6. Public Participation Plan
7. Language Assistance Plan
8. Minority Representation Table and Description

Note: Additional materials will be attached, if required.

The **City of Black River Falls, Wisconsin** will review its policy at least once a year to determine if modifications are necessary. As applicable, the **City of Black River Falls,**

Wisconsin will meet with its third party contractor (transit provider) or lessee on an annual basis to ensure compliance with Title VI plan requirements.

Policy Updates – Activity Log

Date	Activity (Review/Update/Addendum/ Adoption/Distribution)	Person Responsible	Remarks
Oct 2018	Review & Update	City Administrator	
Nov 2018	Adoption	Common Council	
Nov 2018	Distribution	City Administrator	

Title VI Notice to the Public

The City of Black River Falls, Wisconsin's Notice to the Public is as follows:

Notifying the Public of Rights Under Title VI

**THE CITY OF BLACK RIVER FALLS,
WISCONSIN**

- ✓ The **City of Black River Falls, Wisconsin** operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the **City of Black River Falls, Wisconsin**.
- ✓ For more information on the **City of Black River Falls'** civil rights program, and the procedures to file a complaint, contact 715-284-2315; email city.admin@blackriverfalls.us ; or visit our administrative office at 101 South Second Street, Black River Falls, WI 54615. For more information, visit www.blackriverfalls.us.
- ✓ A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.
- ✓ If information is needed in another language, contact 715-284-2315.
Si se necesita informacion en otro idioma de contacto, 715-284-2315.

The **City of Black River Falls'** Notice to the Public is posted in the following locations: *(check all that apply)*

- Agency website www.blackriverfalls.us
- Public areas of the agency office (City Hall)
- Inside vehicles
- Rider Guides/Schedules
- Transit shelters and stations
- Other, _____

Title VI Complaint Procedure

The **City of Black River Falls**' Title VI Complaint Procedure is made available in the following locations: *(check all that apply)*

- Agency website, either as a reference in the Notice to Public or in its entirety
 - Hard copy in the central office
 - Available in appropriate languages for LEP populations, meeting the Safe Harbor Threshold.
 - Other, _____
-

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the **City of Black River Falls, Wisconsin** may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form.

The **City of Black River Falls, Wisconsin** investigates complaints received no more than 180 days after the alleged incident. The **City of Black River Falls, Wisconsin** will process complaints that are complete.

Once the complaint is received, the **City of Black River Falls, Wisconsin** will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

The **City of Black River Falls, Wisconsin** has 30 days to investigate the complaint. If more information is needed to resolve the case, the city may contact the complainant.

The complainant has 10 business days from the date of the letter to send requested information to the investigator assigned to the case.

If the investigator is not contacted by the complainant or does not receive the additional information within 10 business days, the city can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two (2) letters to the complainant: a closure letter or a 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 the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur.

If the complainant wishes to appeal the decision, she/he has 7 days after the date of the letter or the LOF to do so.

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

If information is needed in another language, then contact 715-284-2315.
Si se necesita informacion en otro idioma de contacto, 715-284-2315.

Title VI Complaint Form

The **City of Black River Falls'** Title VI Complaint Procedure is made available in the following locations: (*check all that apply*)

- Agency website, either as a reference in the Notice to Public or in its entirety
- Hard copy in the central office
- Available in appropriate languages for LEP populations, meeting the Safe Harbor Threshold.
- Other, _____

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party: _____				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form. _____ _____				
Section IV				
Have you previously filed a Title VI complaint with this agency?			Yes	No

Section V	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, check all that apply:	
<input type="checkbox"/> Federal Agency: _____	
<input type="checkbox"/> Federal Court _____	<input type="checkbox"/> State Agency _____
<input type="checkbox"/> State Court _____	<input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.	
Name: _____	
Title: _____	
Agency: _____	
Address: _____	
Telephone: _____	
Section VI	
Name of agency complaint is against: _____	
Contact person: _____	
Title: _____	
Telephone number: _____	

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

Signature and date required below

Signature Date

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

City of Black River Falls City Administrator
 101 South Second Street
 Black River Falls, WI 54615

List of Transit Related Title VI Investigations, Complaints and Lawsuits

The **City of Black River Falls** maintains a list or log of all Title VI investigations, complaints and lawsuits, pertaining to its transit-related activities.

Check One:

There have been no investigations, complaint and/or lawsuits filed against us during the report period.

There have been investigations, complaints and/or lawsuits filed against us. *See list below. Attach additional information as needed.*

	Date (Month, Day, Year)	Summary (include basis of complaint: race, color, or national origin)	Status	Action(s) Taken
Investigations				
1. None				
2.				
Lawsuits				
1. None				
2.				
Complaints				
1. None				
2.				

Public Participation Plan

Strategies and Desired Outcomes

To promote inclusive public participation, the **City of Black River Falls** will employ the following strategies, as appropriate:

- ✓ Provide for early, frequent and continuous engagement by the public.
- ✓ Select accessible and varied meeting locations and times
- ✓ Employ different meeting sizes and formats
- ✓ Provide childcare and food during meetings, if possible.
- ✓ Use social media in addition to other resources as a way to gain public involvement
- ✓ Use radio, television or newspaper ads on stations and in publications that serve LEP populations. Outreach to LEP populations may also include audio programming available on podcasts.
- ✓ Expand traditional outreach methods by visiting ethnic stores/markets and restaurants, community centers, libraries, faith-based institutions, local festivals, etc.

Public Outreach Activities

The **City of Black River Falls** maintains a log/record of the various types of outreach activities it uses to promote inclusive public participation. On an annual basis, the **City of Black River Falls** reviews its log of outreach activities to determine if additional or different strategies are needed to promote inclusive public participation.

The direct public outreach and involvement activities conducted by the **City of Black River Falls** are summarized in the table below. Efforts include *meetings, surveys, focus groups, attendance at community events, etc.*

Information collected on the size, location, meeting format, number of attendees, etc. as well as the scope of the distribution method (i.e. posters were placed in all shopping centers in the affected area) will be used for future planning efforts. Examples of additional supporting materials include copies of meeting announcements, agendas, posters, attendee list, etc.

Event Date	City of Black River Falls, Wisconsin Staffer(s)	Event	Date Publicized and Communication Method (Public Notice, Posters, Social Media)	Outreach Method (Meeting, Focus Group, Survey, etc).	Notes
None	None	None	None	None	None

Language Assistance Plan

(Sample)

Plan Components

As a recipient of federal US DOT funding, the **City of Black River Falls** is required to take reasonable steps to ensure meaningful access to our programs and activities by limited-English proficient (LEP) persons.

Limited English Proficient (LEP) refers to persons for whom English is not their primary language and who have a limited ability to read, write, speak or understand English. This includes those who have reported to the U.S. Census that they speak English less than very well, not well, or not at all.

The **City of Black River Falls'** Language Assistance Plan includes the following elements:

1. The results of the *Four Factor Analysis*, including a description of the LEP population(s), served.
2. A description of how language assistance services are provided by language
3. A description of how LEP persons are informed of the availability of language assistance service
4. A description of how the language assistance plan is monitored and updated
5. A description of how employees are trained to provide language assistance to LEP persons
6. Additional information deemed necessary

Methodology

To determine if an individual is entitled to language assistance and what specific services are appropriate, the **City of Black River Falls** has conducted a *Four Factor Analysis*¹ of the following areas: 1) Demography, 2) Frequency, 3) Importance and 4) Resources and Costs.

LEP *Four Factor Analysis*

Factor 1: Demography: Identifies the number or proportion of LEP persons served and the languages spoken in the service area.

The first factor of the *Four Factor Analysis* is the basis of the Language Assistance Plan. It requires the **City of Black River Falls** to review its US Census data to determine if it meets the *LEP Safe Harbor Threshold*.

This document uses data from the US Census and the American Community Survey (ACS) to provide a detailed LEP analysis for the service area of THE CITY OF BLACK RIVER FALLS, WISCONSIN. The ACS is an ongoing survey that provides data every year giving communities the current information they need to plan services and investments. The ACS publishes data in many forms on the Census Bureau American Fact Finder website <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml>

¹ DOT LEP guidance <https://www.transportation.gov/civil-rights/civil-rights-awareness-enforcement/dots-lep-guidance>



QT-P3

Race and Hispanic or Latino Origin: 2010

2010 Census Summary File 1

NOTE: For information on confidentiality protection, nonsampling error, and definitions, see <http://www.census.gov/prod/cen2010/doc/sf1.pdf>.

Geography: Black River Falls city, Wisconsin

Subject	Number	Percent
RACE		
Total population	3,622	100.0
One race	3,537	97.7
White	3,314	91.5
Black or African American	18	0.5
American Indian and Alaska Native	187	5.2
American Indian, specified [1]	149	4.1
Alaska Native, specified [1]	0	0.0
Both American Indian and Alaska Native, specified	0	0.0
[1] American Indian or Alaska Native, not specified	38	1.0
Asian	10	0.3
Native Hawaiian and Other Pacific Islander	1	0.0
Some Other Race	7	0.2
Two or More Races	85	2.3
Two races with Some Other Race	0	0.0
Two races without Some Other Race	80	2.2
Three or more races with Some Other Race	0	0.0
Three or more races without Some Other Race	5	0.1
HISPANIC OR LATINO		
Total population	3,622	100.0
Hispanic or Latino (of any race)	63	1.7
Mexican	51	1.4
Puerto Rican	9	0.2
Cuban	0	0.0
Other Hispanic or Latino [2]	3	0.1
Not Hispanic or Latino	3,559	98.3
RACE AND HISPANIC OR LATINO		
Total population	3,622	100.0
One race	3,537	97.7
Hispanic or Latino	59	1.6
Not Hispanic or Latino	3,478	96.0
Two or More Races	85	2.3
Hispanic or Latino	4	0.1
Not Hispanic or Latino	81	2.2

X Not applicable.

[1] "American Indian, specified" includes people who provided a specific American Indian tribe, such as Navajo or Blackfeet. "Alaska Native, specified" includes people who provided a specific Alaska Native group, such as Inupiat or Yup'ik.

[2] This category is comprised of people whose origins are from the Dominican Republic, Spain, and Spanish-speaking Central or South American countries. It also includes general origin responses such as "Latino" or "Hispanic."

Source: U.S. Census Bureau, 2010 Census.

1. Analyzed the LEP demographic data for the **City of Black River Falls, Wisconsin's** program and/or service area by calculating the *Safe Harbor Threshold* for two to three of the largest language groups identified other than English.
 - a. The *Safe Harbor Threshold* is calculated by dividing the population estimate for a language group that "Speaks English less than very well" by the total population of the city.
 - i. The *LEP Safe Harbor Threshold* provision stipulates that for each LEP group that meets the LEP language threshold (5% or 1,000 individuals, whichever is less of the population to be served) the **City of Black River Falls** must provide translation of vital documents in written format for the non-English users.
 - ii. Examples of written translation of vital documents include the Title VI policy statement and/or Notice to the Public (Appendix 2), Title VI Complaint Procedure (Appendix 3), Title VI Complaint Form (Appendix 4), and ADA paratransit eligibility forms.
2. Explained the results of the analysis of the county LEP data in the demographic section of the *Four Factor Analysis*.

Factor 2: Frequency: Identifies the frequency staff (and transit provider/lessee, if applicable) comes into contact with LEP persons.

LEP persons are persons identified as speaking English less than very well, not well or not at all. Just because a person speaks a language other than English doesn't mean they don't speak English or are identified as LEP.

The summary below discusses the frequency with which **City of Black River Falls** staff, and/or its contractor/lessee come into contact with LEP persons. It also provides information on the how staff is instructed to meet the needs of LEP persons. **City of Black River Falls** staff persons are encouraged to use LEP resource materials to assist LEP persons.

Factor 3: Importance: Explains how the program, service or activity affects people's lives.

The summary below discusses how the **City of Black River Falls** program and services impact the lives of person's within the community. The **City of Black River Falls** will specify the community organizations that serve LEP persons, if available.

Factor 4: Resources and Costs: Discusses funding and other resources available for LEP outreach.

The summary below discusses the low cost methods the **City of Black River Falls** uses to provide outreach to LEP persons as well as train staff (and transit provider/lessee, if applicable) on Title VI and LEP principles.

Additional Required Elements

In addition to the *Four Factor Analysis (listed below as item #1)*, the **City of Black River Falls** addresses the following elements:

- Item #2:* A description of how language assistance services are provided by language
 - Item #3:* A description of how LEP persons are informed of the availability of language assistance service
 - Item #4:* A description of how the language assistance plan is monitored and updated
 - Item #5:* A description of how employees are trained to provide language assistance to LEP persons
- And, any additional information deemed necessary.*

City of Black River Falls, Wisconsin – Summary of the Language Assistance Plan Components

Item #1 – Results of the Four Factor Analysis (including a description of the LEP population(s) served)

Factor 1 – Demography

*The **City of Black River Falls** contracts with a transit provider/lessee to provide transportation service for the **City of Black River Falls, in Jackson County Wisconsin**.*

The US Census Bureau – American Fact Finder (2010) reports there are multiple languages spoken in Jackson County. Some of these languages include Spanish, German, and Chinese. After English, the second largest language group is Spanish.

*The Safe Harbor Threshold is calculated by dividing the population estimate for a language group that “speaks English less than very well” by the total population of the city. The LEP Safe Harbor Threshold provision stipulates that for each LEP group that meets the LEP language threshold (5% or 1,000 individuals, whichever is less), the **City of Black River Falls** must provide translation of vital documents in written format for non-English speaking persons.*

*In the City of Black River Falls, with a population estimate of 63 persons have identified themselves as Spanish speaking and “speaks English less than well”. This language group is 1.6% which is below the 5% or 1,000 person threshold of the population to be served. This means the **City of Black River Falls, Wisconsin** is not required to provide written translation of vital documents. All of the other language groups listed above are also below the Safe Harbor Threshold. This means, at this time, the **City of Black River Falls, Wisconsin** is also not required to provide written translation of vital documents in these languages.*

*In the future, if the **City of Black River Falls** meets the Safe Harbor Threshold for any language group, it will provide written translation of vital documents in such languages and also consider measures needed for oral interpretation.*

Factor 2 – Frequency

*The **City of Black River Falls** and its transit provider/lessee will be trained on what to do when they encounter a person that speaks English less than well. The **City of Black River Falls**, with assistance from our transit provider/lessee, will track the number of encounters and consider making adjustments as needed to its outreach efforts to ensure meaningful access to all persons and specifically to LEP and minority populations of the **City of Black River Falls, Wisconsin's** programs and services.*

Log of LEP Encounters

Date	Time	Language Spoken By Individual <i>(if available)</i>	Name and Phone Number of Individual <i>(if available)</i>	Service Requested	Follow Up Required	Staff Member Providing Assistance	Notes
None	None	None	None	None	None	None	None

The **City of Black River Falls, Wisconsin's** transit provider/lessee provides rides to over 10,000 persons per year. While formal data has not been collected, the transit provider/lessee has indicated it has encountered (0) zero LEP persons using the service within the last six months.

The **City of Black River Falls** and our transit provider/lessee has an open door policy and will provide rides to any person who requests a ride. If an individual has speech limitations, the dispatcher or driver will work with the Transit Manager and the **City of Black River Falls** to ensure the individual receives access to the transportation service.

The "I Speak" Language identification card listed below is a document that can be placed in our transit provider/lessee's vehicles and used by the **City of Black River Falls** staff to assist LEP individuals. Additional languages can be added as needed to match the demographic changes of the **City of Black River Falls, Wisconsin's** service area.

"I Speak" Language Identification Card

Mark this Box if you speak...	Language Identification Chart	Language
	Mark this box if you read or speak English	English
	Marque esta casilla si lee o habla español	Spanish
	Kos lub voj no yog koj paub twm thiab hais lus Hmoob	Hmong
	如果说中国在方框内打勾	Chinese
	Xin ñaùnh daáu vaøo oâ naøy neáu quyù vò bieát ñoïc vaø noui ñöðic Vieät Ngöð.	Vietnamese
	당신이한국어말할경우이 상자를표시	Korean
	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	Tagalog
	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen	German
	Отметить этот флажок, если вы говорите по-русски	Russian
	Означите ову кућицу ако говорите српски	Serbian
	आप हिंदी बोलते हैं तो इस बक्से को चिह्नित करें	Hindi
	پر نشان لگائیں تو اس باکس بولتے ہیں اردو اگر آپ	Urdu

Note: For additional languages visit the US Census Bureau website <http://www.lep.gov/ISpeakCards2004.pdf>

Factor 3 – Importance

*The **City of Black River Falls** and our transit provider/lessee understands an LEP person with language barrier challenges also faces difficulties obtaining health care, education, access to employment and nutrition meal sites, recreational services and socialization. A transportation system is a key link to connecting LEP persons to these essential services.*

*The **City of Black River Falls** has identified activities and services which would have serious consequences to individuals if language barriers prevented access to information or the benefits of those programs. The activities and services include providing emergency evacuation instructions in our facilities and vehicles and providing information to the public on security awareness or emergency preparedness.*

*The **City of Black River Falls**' assessment of the programs, activities and services that are most critical include contact with community organization(s) that serve LEP persons, as well as contact with LEP persons themselves to obtain information on the importance of the modes or the types of services that are provided to the LEP populations.*

Factor 4 – Resources and Costs

*Even though the **City of Black River Falls** does not have a separate budget for LEP outreach, the city would work with our transit provider/lessee to implement low cost methods of reaching LEP persons if needed in the future.*

***City of Black River Falls** staff would conduct outreach activities to LEP communities throughout the year to inform the public of transportation services available if needed in the future. These outreach/resource awareness efforts would be low cost methods and would be accomplished by existing staff resources and the use of posting website information and developing and printing brochure/materials.*

*Training of **City of Black River Falls** and our transit provider/lessee staff as to Title VI and LEP requirements is conducted internally. At this point, no additional training costs are incurred with the exception of printing/photocopying materials.*

Item # 2 – Description of how Language Assistance Services are Provided, by Language

*If needed, the **City of Black River Falls, Wisconsin** would reach out to any bilingual speaking person on staff. In addition, we would work with our contractor/transit provider to ensure mechanisms were in place to reach LEP persons in the service area. For example, the contractor could have a special brochure printed and available in each vehicle to assist LEP populations in understanding the transportation service.*

Item # 3 - Description of how LEP Persons are Informed of the Availability of Language Assistance Service

*If needed, the **City of Black River Falls, Wisconsin** and its contractor/transit provider would do the following to inform LEP persons of the availability of language assistance services: publish timetables and route maps in languages other than English, provide pictograms and other symbols in relevant published materials, strive to employ at least one multilingual staff member, and create and post multi-language announcements, posters and other information.*

Item # 4 – Description of how the Language Assistance Plan is Monitored and Updated

*The **City of Black River Falls, Wisconsin** reviews its plan on an annual basis or more frequently as needed. In particular, the **City of Black River Falls, Wisconsin** will evaluate the information collected on encounters with LEP persons as well as public outreach efforts to determine if adjustments should be made to the delivering of programs and services to ensure meaningful access to minority and LEP persons.*

*In addition, the **City of Black River Falls, Wisconsin** meets with our transit provider/lessee on an annual basis to ensure the Title VI requirements are met. The last approval and site-visit of the contractor/transit provider was on 08/23/2018.*

Item # 5 - Description of how Employees are Trained to Provide Language Assistance to LEP Persons

***City of Black River Falls** employees are oriented on the principles of Title VI and the **City of Black River Falls**' Language Assistance Plan. New employees will be provided guidance on the needs of clients served and how best to meet their needs. The **City of Black River Falls** will ensure its transit provider/lessee also educates its staff on Title VI requirements, and specifically LEP provisions.*

*If a driver, dispatcher or employee needs further assistance related to LEP individuals, her/she will work with the **City of Black River Falls** and/or our transit provider/lessee's Transit Manager to identify strategies to meet the language needs of the participants of the program or service.*

*As part of our annual check in meeting, the **City of Black River Falls** will meet with our transit provider/lessee to discuss updates the **City of Black River Falls**' Language Assistance Plan.*

Minority Representation Information

A. Minority Representation Table²

The **City of Black River Falls** has no non-elected committees/councils related to transit.

B. Efforts to Encourage Minority Participation

*The **City of Black River Falls** understands diverse representation on committees, councils and boards results in sound policy reflective of its entire population. As such, the **City of Black River Falls** encourages participation of all its citizens.*

*As vacancies on boards, committees and councils become available, the **City of Black River Falls** will make efforts to encourage and promote diversity.*

*To encourage participation on its boards, committees and councils, the **City of Black River Falls** will continue to reach out to community, ethnic and faith-based organizations to connect with all populations. In addition, the **City of Black River Falls** will create ways to make participating realistic and reasonable.*

² County data by race is available at the WisDOT website <http://www.dot.wisconsin.gov/localgov/transit/title6.htm> or the US Censure Bureau American Fact Finder website <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Minority Representation Data Collection Form

Name of board, commission, council, etc.

Date:

Dear Member,

As the **City of Black River Falls, Wisconsin** is a recipient of federal funds, we are required under Title VI of the Civil Rights statute to ascertain the racial/ethnic make-up of any non-elected boards, commissions, councils, etc.

Data from this section is used for statistical and reporting purposes. The information may be subject to disclosure under federal or state law or rule.

Anti-Discrimination Notice

It is unlawful for the **City of Black River Falls, Wisconsin** to fail or refuse to provide services, access to services or activities, or otherwise discriminate against an individual because of an individual's race, color, religion, sex, national origin, disability or veteran status.

As a council under the jurisdiction of the **City of Black River Falls, Wisconsin**, we invite council members to voluntarily self-identify their race/ethnicity in order for us to comply with FTA Title VI regulations. This information will be used according to the provisions of applicable federal and state laws, executive orders and regulations, including those requiring the information to be summarized and reported to the federal government for civil rights enforcement purposes.

Race/Ethnicity

If you choose to self-identify, please mark the **one box** describing the race/ethnicity category with which you primarily identify:

Asian or Pacific Islander: All persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

Black and/or African American (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Caucasian (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.