

NDDOT TITLE VI PUBLIC PARTICIPATION SURVEY

North Dakota Department of Transportation, Civil Rights
SFN 60149 (Rev. 12-2014)

PLEASE USE DARK INK AND PRINT CLEARLY

The Civil Rights Act of 1964 and related nondiscrimination authorities require the North Dakota Department of Transportation to ensure everyone has the opportunity to comment on the transportation programs and activities that may affect their community.

To help with that, we ask that you respond to the following questions. You are not required to disclose the information requested in order to participate. Any information provided to the NDDOT will be retained solely for the purpose of collecting statistical data to ensure inclusion of all segments of the population affected by transportation programs and activities.

Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No
Age: <input type="checkbox"/> 34 and younger <input type="checkbox"/> 35-54 <input type="checkbox"/> 55 and older	
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Other _____ <input type="checkbox"/> Hispanic or Latino	
Language most frequently spoken in your home: <input type="checkbox"/> Arabic <input type="checkbox"/> German <input type="checkbox"/> Somali <input type="checkbox"/> Vietnamese <input type="checkbox"/> Bosnian <input type="checkbox"/> Nepali <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> Croatian <input type="checkbox"/> Russian <input type="checkbox"/> Swahili <input type="checkbox"/> English <input type="checkbox"/> Serbian <input type="checkbox"/> Turkish	
Do you receive public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate how you heard about the event: <input type="checkbox"/> Internet <input type="checkbox"/> Mailing <input type="checkbox"/> NDDOT Contact <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Social Service Agency <input type="checkbox"/> Television <input type="checkbox"/> Advocacy Group (which group) _____ <input type="checkbox"/> Other _____	

For Office Use

Event Date

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City

0	0	9
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County

0	2
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MPO

- Bismarck-Mandan
- Fargo-Moorhead Metro COG
- Grand Forks-East Grand Forks

Div/Dist Number

3	8
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PCN

2	2	2	2	8
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ROW

- Negotiation
- Relocation

Consultant

0	1	6	0
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Subrecipient

- Yes
- No

After you have completed this form, please place it in the designated location.