

TITLE VI PUBLIC PARTICIPATION SURVEY

PLEASE USE DARK INK AND PRINT CLEARLY

The Civil Rights Act of 1964 and related nondiscrimination authorities require the _____ 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 _____ 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 <input type="checkbox"/>	Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No
Age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-40 <input type="checkbox"/> 41-65 <input type="checkbox"/> 65+	
Race: <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> _____ <input type="checkbox"/> Black/African American	
Language Most Frequently Spoken in your Home: <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Japanese <input type="checkbox"/> German <input type="checkbox"/> Arabic <input type="checkbox"/> Other Slavic Language <input type="checkbox"/> Other African Language <input type="checkbox"/> Russian <input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Other India Language <input type="checkbox"/> _____	
Do you receive public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about this event? <input type="checkbox"/> Internet <input type="checkbox"/> NDDOT Contact <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Advocacy Group <input type="checkbox"/> Mailing <input type="checkbox"/> Social Service Agency <input type="checkbox"/> _____	

For Office Use Only

Event Date (MM/DD/YYYY) City County Div/Dist Number PCN

MPO:

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

ROW:

- Negotiation
- Relocation

Subrecipient:

- Yes
- No

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