|  |  |  |  |
| --- | --- | --- | --- |
| Code | CODE | Parcel | PARCEL |

Dear Owner or Tenant,

As a recipient of federal funds, the Indiana Department of Transportation (INDOT) is required to develop a procedure for gathering statistical data regarding participants and beneficiaries of its federal-aid highway programs and activities (23 CFR 200.9(b)(4)).

You are not required to provide the requested information. Submittal of this information is voluntary. This form is a public document that INDOT will use to monitor its programs and activities for compliance with Title VI of the Civil Rights Act of 1964, as amended and its related statues and regulations. No person shall, on the grounds of race, color or national origin, as provided by Title VI of the Civil Rights Act of 1964 be excluded from participation in, be denied the benefits of, or be otherwise discriminated against under any of its programs and activities.

If you have any questions regarding INDOT’s responsibilities under Title VI of the Civil Rights Act of 1964 or the Americans with Disabilities Act, please contact INDOT’s Title VI / ADA Program at 100 N Senate Ave, N758-LS, Indianapolis, Indiana 46204 or via e-mail: accessforall@indot.in.gov.

You may complete this form with the assistance of your assigned Right of Way Agent or you may complete the form and return with a postage paid envelope to be provided by the Right of Way Agent upon request.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** |       |  | Road: | ROAD |
|  | **(please indicate number of individuals for each category)** |  |
| **Gender:** |       | Male |       | Female | **Ethnicity:** |       | Hispanic or Latino  |       | Not Hispanic or Latino |
| **Race:** |       | American Indian or Alaska Native |
|  |       | Asian |
|  |       | Black or African-American |
|  |       | Multiracial or other |
|  |       | Native Hawaiian or other Pacific Islander |
|  |       | White |
| **Age(s):** |  |       | < 21 |       | 22 – 40 |       | 41 – 65 |        | 65 > |
|  | **(please check one for each category)** |  |
| **Household Income:** | [ ]  | $0 - $12,000 | [ ]  | $12,001 - $24,000 |  |  |
|  | [ ]  | $24,001 - $36,000 | [ ]  | $36,001 - $48,000 |  |  |
|  | [ ]  | $48,001 - $60,000  | [ ]  | $60,001 + |  |  |
| **Disability:** | [ ]  | Yes | [ ]  | No | **Limited English Proficiency:**  | [ ]  | Yes | [ ]  | No |