

TITLE VI SUB-RECIPIENT ANNUAL CERTIFICATION FORM

This form is to certify compliance with Title VI of the Civil Rights Act of 1964. If your Title VI Plan has been approved by the Michigan Department of Transportation (MDOT), all changes to the organization's Title VI Plan which occurred during the current fiscal year (October 1st through September 30th) must be reported on this form. Please attach additional pages, as necessary, to provide a complete response to each question.

NAME OF ORGANIZATION
Alpena County Road Commission

NAME OF TITLE VI COORDINATOR: Ryan Brege; TITLE: Managing Director

ADDRESS: 1400 N Bagley Street

CITY: Alpena; COUNTY: Alpena; STATE: MI; ZIP CODE: 49707

TELEPHONE NO.: 989-354-3252; FAX NO.: 989-356-4952; E-MAIL ADDRESS: admin@alpcrc.org

1. Has your Title VI Coordinator changed during the reporting period or since your last Title VI Plan was approved? [x] No [] Yes

2. Has your organization had any projects that have Title VI, LEP, or EJ impacts? [x] No [] Yes

3. What is the number or percentage of LEP or EJ populations who were affected by the project? n/a

4. How many public involvement meetings did you hold during the reporting period? None

5. Did you provide language assistance at any of your public meetings during the reporting period? [x] No [] Yes

6. Did you receive any formal or informal Title VI complaints, or law suits during this reporting period? [x] No [] Yes

7. During this reporting period, how many of your employees have been educated about Title VI and their responsibility to ensure non-discrimination in any of your programs, services, or activities. None

8. Please provide any comments or additional information related to the organization's Title VI Plan.

The information reported on this form is accurate and reflects all changes to the organization's Title VI Plan for the current fiscal year.

NAME	TITLE	DATE
Ryan Brege	Managing Director	8-2-22

If you have any questions regarding Title VI, contact: MDOT Title VI Coordinator (517) 241-7462, or MDOT-TitleVI@Michigan.gov. **PLEASE RETURN COMPLETED FORM VIA EMAIL, OR FAX TO: (517) 335-0945.**

PLEASE SUBMIT THIS FORM BY OCTOBER 5TH OF THE REPORTING YEAR.