

**1.0 Title VI/Nondiscrimination Policy Statement and Management  
Commitment to Title VI Plan**

*49 CFR Part 21.7(a): Every application for Federal financial assistance to which this part applies shall contain, or be accompanied by, an assurance that the program will be conducted or the facility operated in compliance with all requirements imposed or pursuant to [49 CFR Part 21].*

Senior Services Inc. of Chester County assures the South Carolina Department of Transportation (SCDOT) that no person shall on the basis of race, color, national origin, age, disability, family or religious status, as provided by Title VI of the Civil Rights Act of 1964, and the Civil Rights Restoration Act of 1987 be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation under any program or activity undertaken by the agency. Senior Services Inc. of Chester County further agrees to the following responsibilities with respect to its programs and activities:

1. Designate a Title VI Liaison that has a responsible position within the organization and access to the recipient's Chief Executive Officer or authorized representative.
2. Issue a policy statement signed by the Executive Director or authorized representative, which expresses its commitment to the nondiscrimination provisions of Title VI. The policy statement shall be circulated throughout the Recipient's organization and to the general public. Such information shall be published where appropriate in language other than English.
3. Insert the clauses of Section 4.5 of this plan into every contract subject to the Acts and the Regulations.
4. Develop a complaint process and attempt to resolve complaints of discrimination against Senior Services Inc. of Chester County Participate in training offered on the Title VI and other nondiscrimination requirements.
5. If reviewed by SCDOT or any other state or federal regulatory agency, take affirmative actions to correct any deficiencies found within a reasonable time period, not to exceed ninety (90) days.
6. Have a process to collect racial and ethnic data on persons impacted by the agency's programs.
7. Submit the information required by FTA Circular 4702.1B to the primary recipients (refer to Appendix A of this plan)

**THIS ASSURANCE** is given in consideration of and for the purpose of obtaining any and all federal funds, grants, loans, contracts, properties, discounts or other federal financial assistance under all programs and activities and is binding. The person whose signature appears below is authorized to sign this assurance on behalf of the agency.

*Connie Agee*  


Signature(s)

Connie Agee Chairperson-Board of Directors-Senior Services Inc. of Chester County  
Jennifer P. Davis-Executive Director-Senior Services Inc. of Chester County

DATE  
*4/22/17*

## 2.0 Introduction & Description of Services

Senior Services Inc. of Chester County submits this Title VI Plan in compliance with Title VI of the Civil Rights Act of 1964, 49 CFR Part 21, and the guidelines of FTA Circular 4702.1B, published October 1, 2012.

Senior Services Inc. of Chester County is a sub-recipient of FTA funds and provides service in Chester County. A description of the current Senior Services Inc. of Chester County system is included in Appendix B.

### **Title VI Liaison**

**Michael Wessinger-Human Resources/Compliance**

**PO Box 1109**

**1197 Armory Road (Physical)**

**Chester, SC 29706**

**803-385-1109**

### **Alternate Title VI Contact**

**Jennifer P. Davis-Executive Director**

**PO Box 1109**

**1197 Armory Road (Physical)**

**Chester, SC 29706**

**803-385-3181**

Senior Services Inc. of Chester County must designate a liaison for Title VI issues and complaints within the organization. The liaison is the focal point for Title VI implementation and monitoring of activities receiving federal financial assistance. Key responsibilities of the Title VI Liaison include:

- Maintain knowledge of Title VI requirements.
- Attend training on Title VI and other nondiscrimination authorities when offered by SCDOT or any other regulatory agency.
- Disseminate Title VI information to the public including in languages other than English, when necessary.
- Develop a process to collect data related to race, gender and national origin of service area population to ensure low income, minorities, and other underserved groups are included and not discriminated against.
- Implement procedures for the prompt processing of Title VI complaints.
- Investigate and/or resolve Title VI complaints.

**APPENDIX E – TITLE VI COMPLAINT FORM**

**TITLE VI DISCRIMINATION COMPLAINT FORM**

Last Name	First Name	Male Female
Mailing Address	City/State	Zip
Home Telephone	Other Telephone	E-mail Address
Do you wish to remain anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Alleged Discrimination: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Age <input type="checkbox"/> Religion <input type="checkbox"/> Disability <input type="checkbox"/> Sex/Gender		
Race of Complainant: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____		
How were you discriminated against? Please explain your complaint as clearly as possible. Include how other persons were treated differently. Use additional sheet(s), if necessary. Attach supporting documents if available.     		
Date and place of the alleged discriminatory action(s). Please include the earliest date of discrimination and the most recent date(s) of discrimination.     		
The law prohibits intimidation or retaliation against anyone because they have either taken action, or participated in action, to secure rights protected by the laws. <b>If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Describe the action you took which you believe was the cause for the alleged retaliation.</b>     		

Name(s) of individual(s) responsible for the discriminatory action(s).

Name(s) of person(s) who may be contacted for additional information to support or clarify your complaint. (Attach additional sheets, if necessary).

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

What action(s) have you or your representative done to attempt to resolve this complaint? Please include filing dates or other dates as applicable.

<u>Action</u>	<u>Date</u>
<input type="checkbox"/> Filed with the SC Department of Transportation _____	
<input type="checkbox"/> Filed with the Federal Transit Administration _____	
<input type="checkbox"/> Filed with the U.S. Department of Transportation _____	
<input type="checkbox"/> Filed with another Federal agency _____	
<input type="checkbox"/> Filed in Federal Court _____	
<input type="checkbox"/> Other action _____	

Please provide any additional information you feel would be helpful in investigating this matter.

Briefly explain what action you are seeking.

\_\_\_\_\_ **Complainant's Signature** \_\_\_\_\_ **Date**

Mail Complaint Form To: South Carolina Department of Transportation  
Office of Business Development & Special Programs  
955 Park Street, Suite 117  
Columbia, South Carolina 29202-0191

**For Official Use Only**

Date Complaint Received: \_\_\_\_\_  
Referred to: \_\_\_\_\_  
Date Referred: \_\_\_\_\_