



***Federal Transit Administration
Title VI Program***

Liberty Transit

August,18, 2025

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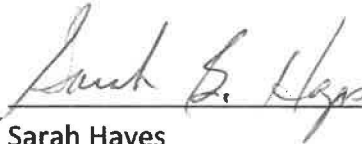
Section 1: Title VI Plan Approval

Title VI Plan Adopted on: (August 18, 2025)

Adopted by: Liberty Transit Steering Committee

Signature(s): 

Karl A. Riles
Mayor, City of Hinesville



Sarah Hayes
Mayor, City of Walthourville



Paul Hawkins
Mayor, City of Flemington

Section 2: Title VI Policy Statement

Policy Statement

Liberty Transit, operating as a public transit provider, as a recipient of Federal Transit Administration (FTA) grant dollars either directly from FTA or through the Georgia Department of Transportation (GDOT), will comply with the Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), the U.S. Department of Transportation implementing regulations, FTA Circular 4702.1B, and GDOT Public Transportation requirements as specified in Master Grant Agreement, and State Management Plan. Liberty Transit operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act.

Section 3: Title VI Notice to the Public

Title VI Notice to the Public

Notifying the Public of Rights Under Title VI

Liberty Transit

- Liberty Transit operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the Liberty Transit.
- For more information on Liberty Transit's civil rights program or Title VI obligations, the procedures for, or to file a complaint, please contact:

Donna Dale, Transit Director, Title VI Coordinator

912-408-6502, (TTY 771)

Email: ddale@cityofhinesville.org;

Or visit our administrative office at

115 East M. L. K. Jr. Dr. Hinesville, Ga 31313

For more information, visit **www.libertytransit.org**

- For transportation-related Title VI matters, a complaint may also be filed directly with GDOT's Equal Employment Opportunity Office: Title VI Liaison, 600 West Peachtree Street N.W. Atlanta, GA 30308; via phone: 404-631-1972; TTY: 711 or email: civilrights@dot.ga.gov

or to

- Federal Transit Administration, Office of Civil Rights, Director
East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE, Washington, DC, 20590.
 - If information is needed in another language, contact 912-876-3564.
 - Si se necesita información en otro idioma, comuníquese con 912-876-3564.

The **Liberty Transit** Notice to the Public is posted in the following locations:

1. Liberty Transit vehicles
2. Liberty Transit Website
3. Hinesville City Hall

Sample Title VI Notice to the Public in Spanish

Notificación al Público de Derechos Bajo el Título VI

- Liberty Transit opera sus programas y servicios sin distinción de raza, color y origen nacional, según el Título VI de la Ley de Derechos Civiles. Cualquier persona que cree o que ha sido perjudicada por una práctica discriminatoria ilegal bajo el Título VI puede presentar una queja con Liberty Transit.
- Para obtener más información sobre el programa de derechos civiles o las obligaciones Título VI de Liberty Transit, o para obtener más información sobre los procedimientos para, o a presentar una queja, se pone en contacto con:

Donna Dale, Transit Director, Coordinador del Título VI
912-408-6502, (TTY 711)

Correo electrónico: ddale@cityofhinesville.org;;

O visite a nuestra oficina administrativa en:
115 East M. L. K. Jr. Dr. Hinesville, Ga 31313

Para más información, visite a: **www.libertytransit.org**

- Para asuntos del Título VI relacionados con el transporte, también se puede presentar una queja directamente ante la Oficina de Igualdad de Oportunidades en el Empleo del GDOT:: Title VI Liaison, 600 West Peachtree Street N.W. Atlanta, GA 30308; telefono: 404-631-1972; TTY: 711 o correo electrónico: civilrights@dot.ga.gov

o, a:

- Administración Federal de Tránsito (FTA), Oficina de Derechos Civiles, Director East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.
- Si se necesita información en otro idioma, comuníquese con 912-876-3564

Section 4: Title VI Complaint Procedure

Any individual, group of individuals or entity that believes they have been discriminated against on the basis of race, color, or national origin by Liberty Transit may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form.

If the complainant is unable to reduce the complaint to writing, please contact the Title VI Coordinator using the information below, and a staff member will help dictate the complaint or provide other necessary assistance.

Any individual having filed a complaint or participated in the investigation of a complaint shall not be subjected to any form of intimidation or retaliation. Individuals who have cause to think that they have been subjected to intimidation or retaliation can file a complaint of retaliation following the same procedure for filing a discrimination complaint.

A complaint must be filed with Liberty Transit no later than 180 days after the following:

1. The date of the alleged act of discrimination; or
2. The date when the person(s) became aware of the alleged discrimination; or
3. Where there has been a continuing course of conduct, the date on which that conduct was discontinued of the latest instance of the conduct.

Once the complaint is received, Liberty Transit will review it to determine if our office has jurisdiction. A copy of each Title VI complaint received will be forwarded to the agency's Title VI Coordinator. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

Liberty Transit has 90 days to investigate the complaint. If more information is needed to resolve the case, Liberty Transit may contact the complainant requesting further information. The complainant has 10 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within **10** business days, Liberty Transit can administratively close the case.

After the investigator reviews the complaint, the agency will issue one of two (2) letters to the complainant: a closure letter or a letter of finding (LOF).

- ✓ A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed.
- ✓ A letter of finding (LOF) summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur.

If the complainant wishes to appeal the decision it must direct the appeal back to the agency. The complainant has 30 days after receipt of the closure letter or the letter of finding to do so. The appeal will be investigated and decided by a separate party than the Title VI

Coordinator (or other official who issued the initial decision). The appeal process information will be included in the letter.

Written Title VI Complaints, or any questions regarding Title VI protections, should be forwarded to:

Donna Dale, Transit Director, Title VI Coordinator

912-408-6502, (TTY 711)

Email: ddale@cityofhinesville.org;

Or visit our administrative office at

115 East M. L. K. Jr. Dr. Hinesville, Ga 31313

For transportation-related Title VI matters, a complaint may also be filed directly with GDOT's Equal Employment Opportunity Office: Title VI Liaison, 600 West Peachtree Street N.W. Atlanta, GA 30308; via phone: 404-631-1972; TTY: 711 or email: civilrights@dot.ga.gov

Or

Federal Transit Administration, Office of Civil Rights, Director
East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.

If information is needed in another language, please contact **912-876-3564**.

*Si necesita información en otro idioma, por favor llame **912-876-3564**.*

Section 5: Title VI Complaint Form

Liberty Transit Title VI Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):			Telephone (Work):	
E-Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				

I believe the discrimination I experienced was based on (check all that apply):

Title VI: ☐ Race ☐ Color ☐ National Origin

Other (specify): _____

Date of Alleged Discrimination (Month, Day, Year): _____

Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

Section IV

Have you previously filed a Civil Rights related complaint with this agency?

Yes

No

Section V

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

☐ Yes ☐ No

If yes, check all that apply:

☐ Federal Agency: _____

☐ Federal Court _____

☐ State Court _____

☐ State Agency _____

☐ Local Agency _____

If marked Yes in Section V, please provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:
Telephone:
Section VI
Name of agency complaint is against:
Contact person:
Title:
Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

Signature	Date
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Please submit this form in person at the address below, or mail this form to:

Liberty Transit
Donna Dale, Transit Director (Title VI Coordinator)
115 East MLK Jr. Dr
Hinesville, Ga 31313
912-408-6502
ddale@cityofhinesville.org

Section 6: List of Title VI Investigations, Complaints and Lawsuits

The Liberty Transit maintains a list or log of all Title VI investigations, complaints and lawsuits, pertaining to its transit-related activities.

Check One:

- ☒ There have been no investigations, complaint and/or lawsuits filed against us since the last plan submission.
- ☐ There have been investigations, complaints and/or lawsuits filed against us.
_____ See list below. Attach additional information as needed.

	Date (Month, Day, Year)	Summary (include basis of complaint: race, color, or national origin)	Status	Action(s) Taken
Investigations				
1.				
2.				
Lawsuits				
1.				
2.				
Complaints				
1.				
2.				

Section 7: Public Participation Plan

Liberty Transit's Public Involvement Philosophy

Liberty Transit welcomes and values public involvement. GDOT and its recipients believe that well-designed, proactive public involvement improves its planning and policy efforts and ultimately leads to better decisions, better projects, and maximized, long-term public benefits. Creating long-term, sustainable systems requires our agency to embrace outside skills and knowledge, including input from the public. Advantages of enhanced public involvement include:

- Increased public collaboration. Citizen collaboration on projects benefits our agency's processes and outcomes, promoting public participation and respectful, productive dialogue.
- Decisions that better reflect diverse interests. Consulting with all identifiable interests helps Liberty Transit better understand and reflect the full range of community values and livability standards.
- Efficient transportation decision implementation. Early public involvement fosters better decision making and reduces costly project plan revisions and change orders.
- Enhanced agency credibility. Increased public involvement results in more meaningful and better interactions between Department personnel and customers. This interaction aids everyone. The agency better understands public concerns, and customers gain an appreciation of the agency and its responsibilities.
- Liberty Transit proactively involves the public in addressing transportation issues. The agency communicates its mission and goals to the widest audience possible and considers feedback received from transportation stakeholders and the public.

The agency embraces several specific goals:

- Provide for open and continuous communication to incorporate public input into decision-making and inform the public of planning, program functions, project activities, designs, and construction.
- Implement a public involvement strategy to identify and use agency resources to inform the public of our activities and receive public input. The strategy will establish levels (based on the nature and complexity of the activity) for communicating with transportation stakeholders and the public.
- Consult with local governments in identifying transportation needs, coordinating projects, and selecting viable solutions.
- Respond quickly and transparently to concerns expressed about agency activities and educate the public about transportation programs and issues.
- Review and update the public involvement strategy and process as needed, continuously evaluate public outreach activity effectiveness, and use the results to improve the program.
- Ensure minorities and low-income populations have opportunities to participate in the public involvement process.
- Foster internal communication and training to promote public involvement process understanding and implementation.

Strategies and Desired Outcomes

To promote inclusive public participation, Liberty Transit will employ the following strategies, as appropriate (make these determinations based on a demographic analysis of the population(s) affected, type of plan, program and/or service under consideration, and the resources available):

- ✓ Provide for early, frequent and continuous engagement by the public
- ✓ Select accessible and varied meeting locations and times
- ✓ Employ different meeting sizes and formats
- ✓ Use social media in addition to other resources as a way to gain public involvement

- ✓ Use radio, television or newspaper ads on stations and in publications that serve LEP populations. Outreach to LEP populations may also include audio programming available on podcasts.
- ✓ Expand traditional outreach methods by visiting ethnic stores/markets and restaurants, community centers, libraries, faith-based institutions, local festivals, etc.

In addition to these general strategies, Liberty Transit has also employed these specific strategies or activities:

- Conducted an Internal audit to identify barriers within the transit systems communications. The results were a new telephone number and an updated GIS map (printed in the ride guide).
- Created a Transit Director position that focuses at least 50% of their time on Mobility Management. This position is located within the Community Development Department interfacing our needs with the Homeless Prevention program needs.
- Used Title VI data to identify concentrations of low income and minority populations to create transit infrastructure for first mile and last mile.
- Liberty Transit is a member of the Technical, Policy and Advisory Committees for the Hinesville Area Metropolitan Planning Organization (HAMPO). All meetings conducted are open to the public.

Public Outreach Activities

The public outreach and involvement activities conducted by Liberty Transit since the last Title VI Program submission are summarized in the table below.

Specific Public Participation activities are listed in the table below:

Event Date	Liberty Transit Staffer(s) or Department	Activity	Communication Method (Public notice, posters, social media)	Notes
6/1/2023	CDD	Public Participation	Pop-Up Mtg	Hinesville Farmers Market
6/8/2023	CDD	Public Participation	Pop-Up Mtg	Hinesville Farmers Market
6/10/2023	CDD	Public Participation	Pop-Up Mtg	Hinesville Block Party
6/21/2023	CDD	Public Participation	Pop-Up Mtg	Liberty County Manna House Food Drive

6/30/2023	CDD	Public Participation	Pop-Up Mtg	Liberty County Manna House Food Drive
6/27/2024	CDD	Public Participation	Handed out ride guides and answered questions	Hinesville Farmers Market National Bomb Pop Day
6/1/2024-9/3/2024	Staff	Public Participation	Fare Free Summer Promotion	Multiple avenues of advertising were utilized

Cross-Marketing and Email Campaigns: To expand our reach, the team selected collaborative partnerships with stakeholders who actively participated in cross-marketing efforts. Together, we launched email campaigns that targeted a broad spectrum of community members. This collaborative approach not only extended the reach of our message but also fostered a sense of community involvement. Additionally, phone calls were made to reach out to specific demographics, ensuring that our message reached as many potential riders as possible. This tactic proved to be the most successful in soliciting survey responses and gathering feedback. The following organizations held meetings with their clients and/or shared public outreach messaging:

City of Flemington
 City of Hinesville
 City of Walthourville
 Coastal Georgia Community Action Authority
 Diversity Health Center
 Fort Stewart
 Hinesville Downtown Development Authority
 Hinesville Housing Authority
 LCPC Planning Commission
 Liberty County Board of Commissioners
 Liberty County CVB/Chamber of Commerce
 Liberty County Youth Commission
 Liberty Regional Medical Center
 Lights Out Empowerment
 Mt. Zion Missionary Baptist Church
 New Day Community Church
 Savannah Technical College Liberty Campus
 Zion Christian Family Center

Section 8: Four Factor Analysis and LEP Data

What does it mean to be Limited English Proficient (LEP)?

LEP individuals do not speak English as their primary language and therefore have a limited ability to read, write, speak, or understand English. Many LEP persons are in the process of learning English and may read, write, speak, and/or understand some English, but not proficiently. LEP status may be context-specific – an individual may have sufficient English language skills to communicate basic information (name, address etc.) but may not have sufficient skills to communicate detailed information in English.

Background

Federal law prohibits discrimination based on national origin. National origin discrimination includes discrimination based on a person's inability to speak, read, write or understand English. Recipients of Federal funds must provide meaningful access to LEP individuals.

On August 11, 2000, Executive Order 13166, titled, "Improving Access to Services by Persons with Limited English Proficiency," was issued. Executive Order 13166 requires Federal agencies to assess and address the needs of otherwise eligible persons seeking access to federally conducted programs and activities who, due to LEP cannot fully and equally participate in or benefit from those programs and activities. Section 2 of the Executive Order 13166 directs each Federal department or agency "to prepare a plan to improve access to...Federally conducted programs and activities by eligible LEP persons...."

Framework for Deciding when Language Services are Needed

Liberty Transit will take the following steps to ensure meaningful access to its programs, services, and activities for LEP individuals in a manner that balances the following four factors.

FOUR-FACTOR ANALYSIS

The Four Factor Analysis is a local assessment that considers:

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by the agency;
2. The frequency with which LEP persons come into contact with the agency's services and programs;
3. The nature and importance of the agency's services and programs in people's lives; and
4. The resources available to the agency for LEP outreach, as well as the costs associated with that outreach.

Factor One: The number or proportion of LEP persons eligible to be serviced or likely to be encountered by Liberty Transit

The first step in determining the appropriate components of a Language Assistance Plan is understanding the proportion of LEP persons who may encounter our agency's services, their literacy skills in English and their native language, the location of their communities and neighborhoods and, more importantly, if any are underserved as a result of a language barrier.

To do this, the agency evaluated the level of English proficiency and to what degree people in its service area speak a language other than English and what those languages are. Data for this review is derived from the United States Census and the American Community Survey. The most recent data available for the state were the ACS 2018-2022 five-year estimates.

Service Area Overview

Liberty Transit service area encompasses Hinesville, Walthourville, Flemington and Ft Stewart. Home to 51,456 people spread over 32 square miles, the service area's population speaks 12 different language groups. However, the overall numbers of residents who speak English 'less than very well' are very low. Of the total service area population of 51,456, 2,020, or 4.62% of the population of residents, report speaking English less than very well.

A breakdown of the language groups, and those speaking English less than very well, are shown below.

	Flemington city, Georgia	Fort Stewart CDP, Georgia	Hinesville city, Georgia	Walthourville city, Georgia	Total in Service Area	Percentage
Label	Estimate	Estimate	Estimate	Estimate		
Total:	1,136	7,733	31,397	3,520	43,786	
Speak only English	947	6,057	26,794	3,459	37,257	85.09%
Speak English "very well"	35	938	1,836	29	2,838	6.48%
Speak English and Spanish less than "very well"	92	438	795	10	1,335	3.05%
Speak English and French, Haitian, or Cajun less than "very well"	0	0	48	0	48	0.11%
Speak English and German less than "very well"	0	21	0	0	21	0.05%
Speak English Russian, Polish, or other Slavic less than "very well"	0	7	0	0	7	0.02%
Speak English and other Indo-European less than "very well"	2	0	56	0	58	0.13%
Speak English and Korean less than "very well"	5	0	129	0	134	0.31%
Speak English and Chinese (incl. Mandarin, Cantonese): less than "very well"	11	0	7	0	18	0.04%
Speak English and Vietnamese less than "very well"	0	3	135	0	138	0.32%
Speak English and Tagalog (incl. Filipino) less than "very well"	0	72	0	0	72	0.16%
Speak English and Other Asian and Pacific Island less than "very well"	0	8	162	0	170	0.39%
Speak English Arabic less than "very well"	0	5	0	14	19	0.04%
Speak English and Other and unspecified less than "very well"	0	0	4	0	4	0.01%

<https://data.census.gov/cedsci/> Table C16001

The Safe Harbor Provision

The U.S. Department of Transportation (U.S. DOT) has adopted the U.S. Department of Justice's Safe Harbor Provision. This provision outlines circumstances that can provide a "safe harbor" for U.S. DOT recipients (and sub-recipients) regarding translation of vital documents. Specifically, if a recipient provides written translation of vital documents for each LEP group that constitutes the lesser of 1,000 persons or five percent (5%) of the total population eligible to be served or likely to be affected or encountered, such action is

considered strong evidence of compliance with the recipient's written translation obligations.

The Safe Harbor Provision only applies to the translation of written documents. It does not affect the agency's requirement to provide meaningful access to LEP individuals through oral language services.

A vital document is any document that is critical for ensuring meaningful access to the recipients' major activities and programs by beneficiaries generally and LEP persons specifically. Whether or not a document (or the information it solicits) is "vital" may depend upon the importance of the program, information, encounter, or service involved, and the consequence to the LEP person if the information in question is not provided accurately or in a timely manner.

The data above shows that just one language meets the Safe Harbor threshold—Spanish. Liberty Transit's Service Area is home to 1,335 people (3.05% of the population) who speak Spanish, and speak English less than very well. The number of people who speak other languages and English less than very well all comprise under 0.4% of the population each.

Designation of Vital Documents

Based on the limited population of Spanish speakers who also speak English less than very well, Liberty Transit designates the following as Vital Documents which be translated to Spanish: Title VI Notice to the Public, Title VI Complaint Form, Title VI Complaint Procedures, ADA Complaint Form, Reasonable Modification Request Form and, Paratransit Eligibility Form.

Factor Two: The frequency with which LEP persons come into contact with Agency services and programs.

Liberty Transit periodically polls their staff to determine how often they encounter LEP persons. Over the last 3 years Liberty Transit has had 2 paratransit clients that speak English less than well and staff have encountered these clients approximately 20 times per month.

Factor Three: The Importance of the Agency's Service to People's Lives

Liberty Transit services likely affect every community member in some way. Our transit services are used daily by people who do not have access to their own transportation. Our services allow riders access to grocery stores, medical appointments, work, social service agencies, social activities, and a variety of other essential destinations. Some LEP persons are immigrants with no legal way to access a driver's license at this time.

Finally, Liberty Transit's planning process relies on input from the public. The agency's services are therefore important to LEP person's lives, and must be accessible to everyone, regardless of ability to speak English.

Factor Four: Resources and Costs for LEP Outreach

Given that Liberty Transit has a very limited number of LEP citizens, we can meet the needs of its LEP population through relatively simple means. First, Liberty Transit staff members who speak Spanish or any other foreign languages can be consulted or utilized for translation or interpretation in informal or emergency situations. In the event assistance in a rare language is needed, Liberty Transit can reach out to local colleges or universities to find staff who are proficient and may be willing to assist. Other free resources include the use of Google Translate or other technology-based translation services. Our agency can utilize Google Translate to interpret simple comments or messages left on our social media or in real time if necessary to communicate without advance warning an interpreter is needed.

Liberty Transit recognizes there will be times when professional interpretation or translation services are needed. In those cases where a citizen needs to communicate with us in another language, Liberty Transit employees have access to a mobile App called Tarjimly. This free mobile app connects multi-lingual volunteer translators and beneficiaries in a live chat session where they can send text, voice notes, documents and start live phone calls.

Finally, Liberty Transit will pay for document translation services when needed, which generally costs about \$25-\$35 per page. These resources give our agency the ability to perform outreach with the LEP population at a reasonable cost.

Section 9: Language Assistance Plan

As a recipient of federal US DOT funding, Liberty Transit is required to take reasonable steps to ensure meaningful access to our programs and activities by limited-English proficient (LEP) persons.

Limited English Proficient (LEP) refers to persons for whom English is not their primary language and who have a limited ability to read, write, speak, or understand English. This includes those who have reported to the U.S. Census that they speak English less than very well, not well, or not at all.

The **Liberty Transit's** Language Assistance Plan includes the following elements:

1. The results of the *Four Factor Analysis*, including a description of the LEP population(s), served.
2. A description of how language assistance services are provided by language
3. A description of how LEP persons are informed of the availability of language assistance service
4. A description of how the language assistance plan is monitored and updated
5. A description of how employees are trained to provide language assistance to LEP persons

Four Factor Analysis Results: LEP Populations Served

Item #1 – Four Factor Analysis Results: LEP Populations Served

Liberty Transit's Service Area is home to 1,335 people (3.05% of the population) who speak Spanish, and speak English less than very well. The number of people who speak other languages and English less than very well all comprise 0.4% of the population each.

Item # 2 – Description of how Language Assistance Services are Provided, by Language

Liberty Transit has identified, developed, and uses the following:

- a) Spanish versions of ADA Discrimination Complaint Form, ADA Service Policy handbook, ADA Eligibility Application and Ride guide are available on our website.
- b) Individuals who have contact with the public are provided with "I Speak" language cards to identify language needs to match them with available services. Language cards verified and distributed by the Director as needed.
- c) The Liberty Transit has developed partnerships with local agencies, organizations, law enforcement, colleges/universities, local school districts

and social service agencies that are available to assist with it LEP responsibilities.

- d) Any other need for translated documents or interpretation services will be provided on an as-needed basis. That is, anyone requesting specific information in a non-English language will be provided it upon request. The agency will use its internal resources to meet this need, when available. Otherwise, the agency will reach out to the network of resources it has developed, or hire a translator or interpreter as needed.

Item #3 – Description of how LEP Persons are Informed of the Availability of Language Assistance Service
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In order to ensure that LEP individuals are aware of Liberty Transit's language assistance measures, Liberty Transit provides the following:

- Title VI Program including the Language Assistance Plan is made available on website, if applicable, and hard copy in central office.
- Drivers and dispatchers are provided "I Speak" language cards to identify language needs in order to match them with available services.

The agency's website includes language stating, "If you need assistance or information in another language, please contact 912-876-3564." This message is provided in every language identified as meeting the safe harbor threshold, as well as all languages identified as representing at least 1

**Solicitud e instrucciones
de elegibilidad de paratransito de la ADA**

Querido solicitante,

Gracias por preguntar acerca de cómo solicitar la elegibilidad de Paratransit de Liberty Transit. Se adjunta una copia de una solicitud de Certificación de elegibilidad de paratransito de la ADA.

Lea atentamente los materiales adjuntos antes de completar la solicitud.

El servicio Liberty Transit ADA Paratransit brinda servicio a las personas que no pueden usar el servicio de autobús de ruta fija debido a una discapacidad. La incapacidad para usar el servicio de autobús de ruta fija puede incluir no poder viajar hacia y desde las paradas de autobús, subir o bajar de los autobuses, o entender cómo viajar y usar el sistema de autobús.

Liberty Transit Paratransit ofrece transporte compartido, servicio de acera a acera a personas determinadas como "elegibles para la ADA" para aquellos viajes que no se pueden realizar usando el servicio de ruta fija. Es posible, por ejemplo, ser capaz de utilizar de ruta fija de servicio para algunas excursiones si las paradas son cercana y allí son no

hay barreras que impiden que de llegar ay desde el autobús. En otras ocasiones, es posible que no pueda usar el autobús, el servicio de paratransito de Liberty Transit está destinado a ayudarlo en esos momentos.

Para permitir a nosotros a precisión determiner su elegibilidad para este servicio, por favor completar la adjunta solicitud con la mayor precisión posible. Las preguntas están destinadas a determinar las circunstancias bajo las cuales puede utilizar los servicios de ruta fija o paratransito .

Si necesita ayuda para completar este formulario o tiene preguntas, comuníquese con nuestra oficina al 912-877-1472. Esta carta y la solicitud están disponibles en formatos alternativos.

Después de haber completado la información de la aplicación, por favor tener un profesional o incapacidad de la salud licenciado caso del trabajador que está familiarizado con su salud condición o discapacidad y sus funcionales capacidades y limitaciones completar el cuidado de la salud profesional de la información. La información que proporciona en esta solicitud es confidencial.

No adjunte información médica a esta solicitud. Envíe su solicitud por correo a:

Liberty Transit
c / o Ciudad de Hinesville
613 Elma G. Miles Pkwy
Hinesville, GA 31313

Las solicitudes completadas se procesarán dentro de los veintiún días posteriores a su recepción. Luego, se le notificará por escrito sobre su estado de elegibilidad. Si se requiere tiempo adicional para completar la evaluación y determinación, se le otorgará elegibilidad temporal hasta que se complete el proceso.

Si determinamos que puede utilizar el servicio de ruta fija de Liberty Transit y, por lo tanto, no es elegible para el servicio de paratransito, le notificaremos los motivos de esta determinación. Puede apelar esta decisión por escrito. Liberty Transit no proporcionará servicio de paratransito complementario durante el proceso de apelación a menos que el proceso de apelación no pueda concluirse dentro de los treinta días.

FOR INTERNAL USE ONLY

Application reviewed for completeness
by: _____

Date completed application received: _____

información del aplicante

Título: Sr. Sra . Srta. Sra .

Nombre: _____

Dirección postal : _____

Dirección física (si es diferente a la del correo): _____

Número de teléfono / TDD (día): _____ (noche): _____

Fecha de nacimiento: / / Sexo:

☐ Masculino ☐ Femenino _____

Idioma principal: ☐ Inglés ☐ Español ☐ Signo ☐ Otro: _____

Formatos accesibles: ☐ Impresión estándar ☐ Letra grande ☐ Braille ☐ Cinta de audio
☐ Otro: _____

Tipo o elegibilidad: ☐ Condicional Temporal ☐ Condicional Permanente

☐ Temporal incondicional ☐ Permanente incondicional

Indíquenos el nombre y el número de teléfono de un amigo o familiar al que podamos llamar en caso de que no podamos comunicarnos con usted en su número habitual:

Nombre: _____ Relación: _____

Teléfono / TDD (día): _____ (tarde): _ _____

Si esta solicitud ha sido completada por otra persona que no sea el solicitante que solicita la certificación, esa persona debe completar lo siguiente:

Nombre: _____

La Direccion: _____

Teléfono: (día) _____ (tarde) _____

Firmado: _____ Fecha: _____

En caso de emergencia: enumere los nombres de dos personas, incluidos profesionales de apoyo, agencias u otras personas familiarizadas con su discapacidad con las que Liberty Transit pueda comunicarse:

Nombre: _____ Trabajo # _____ Casa # _____

La Direccion: _____

Relación: _____

Nombre: _____ Trabajo # _____ Casa # _____

La Direction: _____

Relación: _____

Acercad de su discapacida d

1.¿Tiene una discapacidad que le impide utilizar el servicio de autobús de ruta fija de Liberty Transit? ☐ Sí ☐ No

En caso afirmativo, describa todas y cada una de las discapacidades físicas, mentales, visuales o funcionales que le impidan utilizar los servicios de autobús de ruta fija de Liberty Transit.

2.Explique cómo su discapacidad le impide utilizar de forma independiente el servicio de autobús de ruta fija :

3.¿Son las condiciones que describió? ☐ Permanente ☐ Temporal ☐ Varía día a día

Si es temporal, ¿cuánto tiempo espera tener esta discapacidad? _____

4.¿Tiene sensibilidad al frío definida médicamente? ☐ Sí ☐ No

¿Por encima o por debajo de qué temperaturas? _____

En caso afirmativo, explique: _____

5.¿Tiene sensibilidad al calor definida médicamente? ☐ Sí ☐ No

¿Por encima o por debajo de qué temperaturas? _____

En caso afirmativo, explique: _____

6.¿Otras condiciones climáticas / de iluminación (viento, anochecer / oscuridad o deslumbramiento) afectan su discapacidad? En caso afirmativo, explíquelo

porfavor: _____

7.¿Tiene alguna discapacidad visual? ☐ Sí ☐ No ☐ A veces

En caso afirmativo oa veces, explique: _____

8.¿ Su respiración se ve afectada por el clima o las condiciones ambientales: ☐ Sí ☐ No ☐ A veces

En caso afirmativo oa veces, explique: _____

9.¿Cambia el alcance de su discapacidad después del tratamiento médico? ☐ Sí ☐ No ☐ A veces

En caso afirmativo oa veces, explique: _____

10.¿Hay algún otro comentario o información adicional relacionada con su discapacidad que le gustaría explicar? _____

Viajar hacia y desde las paradas de autobús

1. ¿Puede localizar paradas de autobús de ruta fija, destinos, ubicaciones o cruces de calles de forma independiente? ☐ Sí ☐ No ☐ A veces
Si no o algunas veces, explique: _____

2. ¿Puede viajar de forma independiente después del anochecer? ☐ Sí ☐ No ☐ A veces
Si no o algunas veces, explique: _____

3. ¿Puede viajar 200 pies de manera segura e independiente sin la ayuda de

otra persona? ☐ Sí ☐ No ☐ A veces

Si no o algunas veces, explique: _____

4. ¿Puede viajar de forma segura e independiente 1/4 de milla (aproximadamente 4 cuadras) sin la ayuda de otra persona?

☐ Sí ☐ No ☐ A veces

Si no o algunas veces, explique: _____

5. ¿Puede llegar y regresar de la parada de autobús de su vecindario de

manera independiente? ☐ Sí ☐ No ☐ A veces

Si no o algunas veces, explique: _____

6. ¿Puede esperar afuera sin ayuda o apoyo durante 10 (diez) minutos?

☐ Sí ☐ No ☐ A veces

Si no o algunas veces, explique: _____

7. ¿Puede salir y regresar a su destino habitual (paradas de autobús local) de

forma independiente? ☐ Sí ☐ No ☐ A veces

Si no o algunas veces, explique: _____

8. ¿Puede esperar más de 15 minutos? ☐ Sí ☐ No ☐ A veces Si es

así, ¿cuánto tiempo puede esperar? minutos _____

9. ¿Puede viajar sobre superficies planas cuando hace buen tiempo? ☐ Sí ☐ No ☐ A veces

Si no o algunas veces, explique: _____

10. ¿Puede viajar en pendientes leves con buen tiempo? ☐ Sí ☐ No ☐ A veces

Si no o algunas veces, explique: _____

11. ¿Puede ir y venir de la parada de transporte público más cercana? ☐ Sí ☐ No ☐ A veces
Si no o algunas veces, explique: _____

12. ¿Podrías esperar si hubiera un asiento o una parada de autobús? ☐ Sí ☐ No ☐ A veces

Si no o algunas veces, explique: _____

13. ¿Podrías esperar si **NO** hubiera asiento o marquesina para el autobús? ☐ Sí ☐ No ☐ A veces

Si no o algunas veces, explique: _____

14. ¿Cuánto tiempo eres capaz de esperar un autobús para llegar? minutos _____

Subir y bajar del autobús

1. ¿Puede subir y bajar de forma segura e independiente tres

(3) escalones de 12 pulgadas ? ☐ Sí ☐ No ☐ A veces

Si no o algunas veces, explique: _____

2. ¿Puede abordar, viajar o bajarse de un autobús accesible para sillas de ruedas sin ayuda? ☐ Sí ☐ No ☐ A veces

Si no o algunas veces, explique: _____

3. ¿Puede agarrar las manijas o las barandas al subir o bajar del autobús? ☐ Sí ☐ No ☐ A veces

Si no o algunas veces, explique: _____

4. ¿Puede subir o bajar de un vehículo si tiene un reclinatorio que baja la parte delantera del autobús? ☐ Sí ☐ No ☐ A veces

Si no o algunas veces, explique: _____

5. ¿Puede subir y bajar de un autobús sin ayuda? ☐ Sí ☐ No ☐ A veces

Si no o algunas veces, explique: _____

6. ¿Alguna vez recibió capacitación para aprender a viajar por la comunidad o sobre cómo usar los autobuses de ruta fija? ☐ Sí ☐ No

7. ¿ Le gustaría información sobre formación gratuita para utilizar los autobuses de ruta fija? ☐ Sí ☐ No

8. Enumere los tres lugares a los que va con más frecuencia y cómo llega ahora.

A. ¿ A dónde vas? _____

¿La Direction? _____

¿Con qué frecuencia vas allí? _____

¿Cómo llegas ahí ahora? _____

B. ¿A dónde vas? _____

¿La direction? _____

¿Con qué frecuencia vas allí? _____

¿Cómo llegas ahí ahora? _____

C. ¿A dónde vas? _____

¿La direction? _____

¿Con qué frecuencia
vas allí? _____

¿Cómo llegas ahí ahora? _____

Entrega de servicios

1. ¿Utiliza una silla de ruedas o un scooter? ☐ Sí ☐ No

¿Qué tan ancho es? pulgadas _____

¿Qué tan pesado es cuando está ocupado? libras _____

Esta información no se utiliza para determinar la elegibilidad para el paratransito. Es responsabilidad del solicitante conocer las dimensiones de su dispositivo de movilidad y si excede la definición de una silla de ruedas común.

a Ley de Estadounidenses con Discapacidades de 1990 define una silla de ruedas común como no más de 30 pulgadas de ancho, 48 pulgadas de largo, cuando se mide a 2 pulgadas sobre el suelo y no pesa más de 600 libras cuando está ocupada.

Si su dispositivo de movilidad excede estas dimensiones, la ADA no garantiza el servicio de paratransito.

2. ¿Utiliza alguna de las siguientes ayudas para la movilidad o equipo especializado cuando viaja? Marque todas las que apliquen.

☐ Silla de ruedas manual ☐ Bastón blanco largo ☐ Bastón ☐ Muletas

☐ Tablero de comunicación ☐ Silla de ruedas eléctrica ☐ Animal de servicio ☐ Walker

☐ Patineta eléctrica (3 ruedas) ☐ Otras ayudas: _____

☐ Silla eléctrica grande (supera la ADA)

3. Si usa una silla de ruedas o un scooter, ¿lo usará en el paratransito? ☐ Sí ☐ No ☐ A veces

Si no o algunas veces, explique: _____

4 ¿Puede esperar 15 minutos en una parada de autobús público con su dispositivo de movilidad ?

☐ Sí ☐ No ☐ A veces

Si no o algunas veces, explique: _____

5. ¿Necesita un asistente (cuidado personal, guía de la vista) para viajar con usted? Un asistente puede ayudarlo con cualquier necesidad personal o de viaje, como cruzar la calle, subir escaleras, etc.

☐ Sí ☐ No ☐ A veces

Si no o algunas veces, explique: _____

6. ¿Viaja con niños menores de 10 años? ☐ Sí ☐ No

Liberación de información

Yo, el solicitante, entiendo que el propósito de esta solicitud es determinar mi elegibilidad para usar el servicio Liberty Transit Paratransit. Por la presente, autorizo a mi profesional de la salud a divulgar información sobre mi discapacidad y su efecto en mi capacidad para viajar, lo que puede ser necesario en relación con mi solicitud de certificación de elegibilidad de paratransito de la ADA. Tengo entendido que la información divulgada se utilizará únicamente para determinar mi elegibilidad para el paratransito de la ADA. Acepto divulgar esta información a Liberty Transit. Este comunicado autoriza a Liberty Transit T a comunicarse directamente con mi profesional de atención médica para obtener más información o aclarar la información proporcionada.

Acepto notificar a Liberty Transit de cualquier cambio en el estado de mi discapacidad que afecte mi capacidad para utilizar el servicio de paratransito complementario. Entiendo que proporcionar información falsa en esta solicitud podría resultar en la pérdida del servicio de paratransito de la ADA, así como en una multa según la ley.

Por la presente certifico que soy la persona que solicita la certificación para el servicio de paratransito complementario de la ADA y que toda la información contenida en esta solicitud es verdadera y precisa:

Firmado: _____ **Fecha:** _____

Nombre del solicitante en letra de imprenta : _____

Si el solicitante es menor de edad o tiene un tutor legal, el padre o tutor debe firmar esta solicitud y dar fe de la exactitud de la información aquí contenida.

Firma del padre o tutor legal: _____ **Fecha:** _____

Liberty Transit Adjunto a la Solicitud de Servicio de Paratránsito Complementario

Estimado profesional de atención médica o asistente social de discapacidad

La ley federal requiere que Liberty Transit proporcione un servicio de paratránsito complementario a las personas que no pueden usar el sistema de autobús de ruta fija accesible.

La información que proporcione en la Verificación profesional adjunta permitirá a Liberty Transit realizar una evaluación adecuada de la movilidad del solicitante y determinar cómo podemos satisfacer mejor sus necesidades.

De acuerdo con la “Ley de Estadounidenses con Discapacidades de 1990” (ADA) y sus regulaciones, Sección 37.123 (e), hay dos circunstancias específicas bajo las cuales una persona sería considerada elegible por ADA para el Servicio de Paratránsito Complementario de Liberty Transit.

1. Cualquier individuo con una discapacidad que no pueda, como resultado de un impedimento físico o mental (incluido un impedimento de la vista), y sin la ayuda de otro individuo (excepto el operador de un elevador de sillas de ruedas u otro dispositivo de asistencia para abordar), para abordar, montar o desembarcar de cualquier vehículo del sistema que sea fácilmente accesible y utilizable por personas con discapacidades.
2. Cualquier persona con una discapacidad que tenga una condición específica relacionada con una discapacidad que le impida viajar a un lugar de embarque o de un lugar de desembarque en dicho sistema.

Tenga en cuenta que esto no incluye a las personas a las que les resulta incómodo o difícil ir y venir de las paradas de autobús.

Los recursos para este servicio son limitados y su evaluación de cada persona debe basarse únicamente en la capacidad de la persona para utilizar el servicio de tránsito regular. Todos

los autobuses de ruta fija son accesibles según la ADA. Su verificación debe considerar solo la presencia de una condición discapacitante, no el estado económico del solicitante . Tenga cuidado al evaluar a los solicitantes de este servicio.

Si tiene alguna pregunta sobre la solicitud o el proceso de revisión, comuníquese con Liberty Transit al (912) 800-9318

Atentamente,

Donna Dale ,
Director de
Transporte
115 East ML
King, Jr. Drive
Hinesville, GA
31313

Esta parte del formulario de solicitud debe ser completado por el correo de los profesionales de atención médica siguientes **que lo está tratando actualmente el solicitante de su discapacidad, y está** autorizado a proporcionar esta información a la libertad de tránsito con el fin de completar la solicitud de certificación:

Marque la casilla correspondiente para identificar su profesión

☐ un especialista en rehabilitación

☐ un especialista en
orientación y movilidad ☐ un
terapeuta ocupacional o
físico ☐ un consejero de vida
independiente

☐ un trabajador social

☐ un consejero
de rehabilitación vocacional

☐ un oftalmólogo
u optometrista

☐ un médico

o enfermero

registrado ☐ un

psicólogo o psiquiatra

☐ un consejero
de salud
mental

Nombre del solicitante : _____

1. ¿En qué calidad conoce al solicitante y durante cuánto tiempo?

2. ¿ El solicitante es su cliente habitual? ☐ Sí ☐ No

2. Indique todos los diagnósticos médicos de la discapacidad del solicitante. (Escriba con letra de imprenta clara).

4. ¿ La condición es temporal? ☐ Sí ☐ No

En caso afirmativo, especifique el tiempo desde (ejemplo: 6 meses) dentro del cual prevé que el solicitante se recuperará o la próxima reevaluación.

5. ¿Es probable que esta condición empeore? [] Sí [] No

6. ¿El solicitante requiere el uso de lo siguiente? (marque cada uno, donde corresponda)

	sí	No	Algunas veces
Silla de ruedas manual	_____	_____	_____
Silla de ruedas motorizada	_____	_____	_____
Bastón, muletas o andador	_____	_____	_____
Animal de servicio	_____	_____	_____
Asistente de cuidado personal	_____	_____	_____

7. ¿ El solicitante puede hacer algo de lo siguiente con el uso de una ayuda de movilidad y sin la ayuda de otra persona?

	sí	No	Algunas veces
¿Viaja ½ cuadra?	_____	_____	_____
¿Viaja 1 cuadra?	_____	_____	_____
¿Viajar 2 cuadras?	_____	_____	_____
Viaja 4 cuadras o más:	_____	_____	_____
¿Subir tres escalones de 12 ”?	_____	_____	_____
Espera afuera sin apoyo	_____	_____	_____
¿durante 10 minutos?	_____	_____	_____

Si “No” o “A veces”, describir en detalle todos los factores que podrían tener un impacto adverso sobre el solicitante ' s habilidades para viajar o fuera de espera.

8. ¿Puede el solicitante cruzar la calle de forma independiente? [] Sí [] No

9. ¿En qué circunstancias cree que el solicitante podría utilizar de forma independiente el servicio de autobús de ruta fija accesible LIBERTY TRANSIT? Por favor describa. (ejemplo: si la persona recibe orientación de tránsito, si la distancia a la parada de autobús no es demasiado grande)

10. ¿ Puede el solicitante :

¿Dar direcciones y número de teléfono si lo solicita? [] Sí [] No ¿ Reconoce un destino o un punto de referencia? [] Sí [] No
¿Firmar su nombre? [] Sí [] No
¿Lidia con situaciones inesperadas ? [] Sí [] No
¿Pide, entiende y sigue instrucciones? [] Sí [] No

11. ¿Está el solicitante tomando actualmente algún medicamento que probablemente tenga un impacto en sus capacidades o limitaciones para viajar ? [] Sí [] No

En caso afirmativo, indique si hay efectos secundarios. _____

12. ¿El solicitante experimenta días episódicos ? [] Sí [] No

13. ¿ La discapacidad es la misma todos los días? [] Sí [] No

14. ¿El clima afecta la capacidad del solicitante para viajar? [] Sí [] No

En caso afirmativo, explique y enumere las temperaturas a las que se vería afectado el solicitante.

Por la presente afirmo que las declaraciones hechas en este documento son verdaderas y correctas.

Firma: _____ **Fecha:** _____

Firma del profesional _____

Nombre: _____

Nombre del profesional impreso: _____

Dirección de la oficina : _____

Ciudad: Estado: Código postal: _____

Teléfono de oficina : _____

Devuelva este formulario completo directamente a su paciente.

- % of the service area.

Item #4 – Description of how the Language Assistance Plan is Monitored and Updated

Liberty Transit will continue to update the LEP plan as required by U.S. DOT. At a minimum, the Title VI Plan will continue to be reviewed and updated every three (3) years in conjunction with the Title VI submission and use data from the U.S. Decennial Census or the American Community Survey as available, or when it is clear that the concentrations of LEP individuals are present in the Liberty Transit service area.

Updates will continue to include the following:

- The number of documented LEP person contacts encountered annually.
- How the needs of LEP persons have been addressed.
- Determination of the current LEP population in the service area.
- Determination as to whether the need for translation services has changed.
- Determine whether local language assistance programs have been effective and sufficient to meet the need.
- Determine whether Liberty Transit's financial resources are sufficient to fund language assistance resources needed.
- Determine whether Liberty Transit has fully complied with the goals of this LEP Plan.
- Determine whether complaints have been received concerning Liberty Transit's failure to meet the needs of LEP individuals

Item #5 – Description of how Employees are Trained to Provide Language Assistance to LEP Persons

The following training will be provided to Liberty Transit staff:

- Information on the Liberty Transit Title VI Procedures and LEP responsibilities.
- Description of language assistance services offered to the public.
- Use of "I Speak" language cards (used to identify language preference).
- Documentation of language assistance requests.
- How to handle a potential Title VI / LEP complaint.

***“I Speak”* Language Identification Card**

Note: For additional languages visit the US Census Bureau website

Mark this Box if you speak...	Language Identification Chart	Language
	Mark this box if you read or speak English	English
	Marque esta casilla si lee o habla español	Spanish
	Kos lub voj no yog koj paub twm thiab hais lus Hmoob	Hmong
	如果说中国在方框内打勾	Chinese
	Xin ñaùnh daáu vaøo oâ naøy neáu quyù vò bieát ñoïc vaø noui ñoõic Vieät Ngöõ.	Vietnamese
	당신이 한국어말할경우이 상자를표시	Korean
	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	Tagalog
	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen	German
	Отметить этот флажок, если вы говорите по-русски	Russian
	Означите ову кућицу ако говорите српски	Serbian
	आप हिंदी बोलते हैं तो इस बक्से को चिह्नित करें	Arabic
	پر نشان لگائیں تو اس باکس بولتے ہیں اردو اگر آپ	Urdu

<http://www.lep.gov/ISpeakCards2004.pdf>

Log of LEP Encounters

Date	Time	Language Spoken By Individual <i>(if available)</i>	Name and Phone Number of Individual <i>(if available)</i>	Service Requested	Follow Up Required	Staff Member Providing Assistance	Notes

Section 10: Minority Representation Information

Recipients that have transit-related, non-elected planning boards, advisory councils or committees, or similar committees, *the membership of which is selected by the recipient*, must provide a table depicting the racial breakdown of the membership of those committees, and a description of efforts made to encourage the participation of minorities on such committees.

A. Minority Representation Table

Table Depicting Membership of Board, Committees, Councils, Broken Down by Race

Body	Caucasian	Hispanic	African American	Asian American	Native American	Two or More Races
Liberty Transit Steering Committee	6 People 55%		5 People 45%			

B. Efforts to Encourage Minority Participation

To encourage participation on its boards, committees, and councils, the Liberty Transit Steering Committee will make every effort to encourage minority participation on the boards.

Section 11: Providing Assistance to and Monitoring Subrecipients

1. Does agency provide funding to subrecipients?

☒ No, the agency does not have subrecipients.

Section 12: Title VI Equity Analysis for Facility Acquisition

Title 49 CFR, Appendix C, Section (3)(iv) requires “the location of projects requiring land acquisition and the displacement of persons from their residences and business may not be determined on the basis of race, color, or national origin.” For purposes of this requirement, “facilities” does not include bus shelters, as they are considered transit amenities. It also does not include transit stations, power substations, or any other project evaluated by the National Environmental Policy Act (NEPA) process. Facilities included in the provision include, but are not limited to, storage facilities, maintenance facilities, operations centers, etc. Has the agency built a facility?

☒ No, the agency has not built a facility.

☐ Yes, the agency has built a facility and completed a Title VI equity analysis to compare the equity impacts of various siting alternatives, and the analysis must occur before the selection of the preferred site.

Section 13: Fixed Route Transit Providers Service Standards and Policies

FTA Circular 4702.1B, Chapter III, Paragraph 10: All fixed route transit providers shall set service standards and policies for each specific fixed route mode of service they provide.

Liberty Transit:

☒ is a fixed route transit provider

Liberty Transit has adopted the following system-wide standards and policies to ensure service design and operations practices do not result in discrimination on the basis of race, color, or national origin. Service policies differ from service standards in that they are not necessarily based on a quantitative threshold.

Service Standards

FTA requires that all fixed route transit providers develop quantitative standards for all fixed route modes of operation for the following indicators. Liberty Transit has prepared standards for all modes it operates including **25’ Ford Cutaway** and **20’ Ram Promaster**

a. Vehicle Load

Vehicle Type	Average Passenger Capacities			
	Seated	Standing	Total	Maximum Load Factor
25 ‘Ford Cutaway	16	4	20	1.25
20’ Ram Promaster	9	0	9	1.0

b. Vehicle Headway

POLICY HEADWAYS AND PERIODS OF OPERATION				
<u>WEEKDAY</u>	<u>Peak</u>	<u>Base</u>	<u>Evening</u>	<u>Night</u>
Fixed Route	3	2	3	

<i>* Peak: 6-9 am and 4-6 pm; Base 9am – 3:30pm; Evening: 6-8 pm; Night: "---"; "-" means no service is provided during that time period.</i>				

SATURDAY	Day	Evening	Night
<i>* Day "---"; Evening: "---" pm; Night: "---"; "-" means no service is provided during that time period.</i>			

SUNDAY	Day	Evening	Night

* Day "---"; Evening: "---"; Night: "---". "--" means no service is provided during that time period.			

c. On-Time Performance

A vehicle is considered on time if it departs a scheduled time point no more than one (1) minute early and no more than five (8) minutes late. The Liberty Transit on-time performance objective is 90% or greater. Liberty Transit continuously monitors on-time performance and system results are published and posted as part of monthly performance reports covering all aspects of operations.

d. Service Availability

Liberty Transit will distribute transit service so that 90% of all residents in the service area are within a 3/4 mile walk of bus service or within a 3/4 mile walk of rail service.

Service Policies

FTA requires fixed route transit providers to develop a policy for service indicators. Liberty Transit has prepared the following policies for its transit system.

a. Distribution of Transit Amenities

o A total of five (20) shelters have been installed. There locations are as follows: Hinesville Public Library (Route 1 and 3), Liberty Regional Medical Center (Route 1 & 3), E.G. Miles across from Church's Chicken (Routes 1, 2, and 3), South Main Street across from the Heritage Bank (Route 1 and 3), Winn Army Medical Center - Fort Stewart (Route 2), Walthourville City Hall (Route 1), Walthourville Wilder Road (Route 1), and Happy Acres Mobile Home Park located on Kelly Drive (Route 2 and 3), U.S. 84 in Flemington across from Applebee's (Route 1), Darsey Road (Route 1), U.S. 84 Kroger Shopping Center (Route 1), Eagles Landing (Route 1 and 2), Ralph Quarterman (Route 1 and 2), Department of Family and Children Services (Route 1), First Baptist Church (Route 1), Ecolodge (Route 1), Walmart Neighborhood Center (Route 1), Colonial Park Subdivision (Route 3), Olmstead Estates (Route 1).

Most stops have a map and service schedule posted.

All vehicles have a bike rack and are wheelchair accessible.

b. Vehicle Assignment

Vehicles are not assigned to a particular route. All available vehicles rotate the three routes.

Formulario de quejas de la ADA

La Ley de Estadounidenses con Discapacidades de 1990 (ADA) prohíbe la discriminación y garantiza la igualdad de oportunidades y acceso para las personas con discapacidades a una variedad de actividades de la vida diaria . La Administración Federal de Tránsito requiere que "Ninguna persona calificada con una discapacidad, únicamente por motivo de su discapacidad, será excluida de la participación, se le negarán los beneficios o de otra manera será objeto de discriminación en cualquier programa o actividad que reciba asistencia financiera federal administrado por el Departamento de Transporte de EE . UU . "

Nota: La siguiente información es necesaria para ayudarnos a procesar su queja. Si necesita ayuda o modificaciones razonables para completar este formulario, llame al (912) -800-9318 .

1. Información de contacto de la hormiga quejosa

Nombre _____

Dirección _____

Ciudad (_____): Estado (_____): Código postal _____

Teléfono de casa _____ Teléfono de trabajo _____

2. Persona discriminada (si es alguien que no sea el denunciante)

Nombre _____

Dirección _____

Ciudad (_____): Estado (_____): Código postal _____

3. D ESCRIBE el motivo (s) usted cree que la discriminación se llevó a cabo?

4. ¿En qué fecha se produjo la supuesta discriminación ? _ _____

5. Describió la supuesta discriminación. Explique lo que sucedió y quién cree que fue el responsable. Si el espacio a continuación es insuficiente, adjunte hojas adicionales.



Reasonable Modification Request Form

Please complete this form to request reasonable modification of Liberty Transit Services and submit the completed form to the Transit Director libertytransit@cityofhinesville.org or by mail 115 East MLK Jr Dr. Hinesville, Ga. 31313

Name: _____ Today's Date: _____

Email Address: _____ Phone Number: _____

Street Address: _____

City: _____ Zip Code: _____

Description of Your Reasonable Request:

Specific location where we may need to take action: (if applicable)

Are you able to use Liberty Transit Services without this modification?

☐ Yes ☐ No

Please explain:



Formulario de Solicitud de Modificación Razonable

Por favor complete este formulario para solicitar modificaciones razonables con los servicios de Liberty Transit y envíe el formulario completo al Director de Transito a libertytransit@cityofhinesville.org o por correo a 115 East MLK Jr Dr. Hinesville, Ga. 31313

Nombre: _____ Fecha: _____

Correo electrónico: _____ Numero de teléfono: _____

Dirección residencial: _____

Ciudad: _____ Código Postal: _____

Descripción de solicitud razonable:

Localización donde la solicitud necesita tomar lugar: (si aplica)

Podría usted usar los servicios de Liberty Transit sin esta modificación?

☐ Si ☐ No

Explicación:
