



Title VI Nondiscrimination Plan

March 2023



LAREDO & WEBB COUNTY
AREA **M**ETROPOLITAN **P**LANNING **O**RGANIZATION

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INTRODUCTION

The U.S. Department of Justice (DOJ), as the federal government’s coordinating agency for Title VI, implemented its Title VI program in 28 Code of Federal Regulations (C.F.R.) Part 42 and issued guidance in two main documents: The Title VI Legal Manual and the Complaint Investigation Procedures Handbook.

Title VI authorizes and directs federal agencies to enact “rules, regulations, or orders of general applicability” to achieve the statute’s objectives. The U.S. Department of Transportation (USDOT) implemented its Title VI program in 49 C.F.R. Part 21. FHWA’s implementing regulations can be found in 23 C.F.R. Part 200.

These prohibitions extend from the MPO, as a direct recipient of federal financial assistance, to its sub-recipients (e.g., contractors, consultants, local governments, colleges, universities, etc.). All programs funded in whole or in part from federal financial assistance are subject to Title VI requirements. The Civil Rights Restoration Act of 1987 extended this to all programs within an agency that receives federal assistance regardless of the funding source for individual programs.

Additionally, Title VI is further defined by Executive Orders 12898 (Environmental Justice or EJ) and Executive Order 13166 (Limited English Proficiency or LEP):

- ◆ Executive Order 12898- Federal action that identifies and addresses disproportionately high and adverse human health and environmental effects of programs or activities on minority and low-income populations, with the goal of achieving environmental protection for all communities.
- ◆ Executive Order 13166- Improving access to services for persons with Limited English Proficiency (LEP).

TITLE VI & RELATED STATUSES

NONDISCRIMINATION / POLICY STATEMENT

The Laredo & Webb County Area Metropolitan Planning Organization (LWCAMPO), as a recipient of federal financial assistance and under Title VI of the Civil Rights Act of 1964 and related statutes, ensures that:

“No person shall, on the grounds of race, religion, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any agency programs or activities.”

Additionally, the Civil Rights Restoration Act of 1987 defined the word “program” to make clear that discrimination is prohibited throughout an entire agency if any part of the agency receives federal assistance. As staff of the Laredo & Webb County Area Metropolitan Planning Organization (LWCAMPO), it is everyone’s responsibility to prevent, minimize & eradicate any form of discrimination. A copy of the signed resolution will be included in [“Appendix A: Nondiscrimination / Policy Statement”](#)

Prohibited forms of discrimination:

- ◆ The denial of services, financial aid, or other benefits provided under a program;
- ◆ Distinctions in the quality, quantity, or manner in which a benefit is provided;
- ◆ Segregation or separation of persons in any part of the program;
- ◆ Restriction in the enjoyment of any advantages, privileges, or other benefits provided to others;
- ◆ Differing standards or requirements for participation;
- ◆ Methods of administration that directly or indirectly, or through contractual relationships would defeat or impair the accomplishment of effective nondiscrimination; (and/or)
- ◆ Discrimination in any activities or services related to a highway, infrastructure or facility built or repaired in whole or in part with federal funds.

TITLE VI COMPLAINT PROCEDURES

The MPO will follow timelines set forth in guidance from the Department of Transportation, the Federal Highway Administration (FHWA), Federal Transit Administration (FTA), and the Department of Justice for processing Title VI discrimination complaints.

This policy is intended to establish a procedure under which complaints alleging discrimination in the MPO's provisions, services, or activities can be made by persons who are not employees of the MPO. Said procedures cover complaints filed under Title VI of the Civil Rights Act of 1964 and the Civil Rights Restoration Act of 1987. Any person who believes the MPO, or any entity who receives federal financial assistance from or through the MPO (i.e., sub-recipients, sub-contractors, or sub-grantees), has subjected them or any specific class of individuals to unlawful discrimination may file a complaint of discrimination. Complaint forms can be found in ["Appendix B: Title VI Complaint Forms"](#).

WHEN TO FILE:

A complaint must be filed no later than 180 days after the date of the alleged discrimination, unless the discrimination is ongoing, or the time for filing is extended by the FHWA. Complaints received more than 180 calendar days after the alleged discrimination will not be processed and will be returned to the complainant with a letter explaining why the complaint could not be processed and alternative agencies to which a report may be made.

Key Term:

Filing means a written complaint must be postmarked before the expiration of the 180-day period. The **filing date** is the day you complete, sign, and mail the complaint form.

WHERE TO FILE:

In order to be processed, submit an online form at [LWCAMPO website](#) or signed original complaint forms must be mailed or hand delivered to:

Laredo & Webb County Area Metropolitan Planning Organization (LWCAMPO)

ATTN: LWCAMPO Director/Title VI Coordinator
1413 Houston Street
Laredo, Texas 78040

Or emailed to:

jmendive@ci.laredo.tx.us

Upon request, reasonable accommodations may be made for persons who are unable to complete the complaint form due to disability or limited-English proficiency. A complaint may be filed by a representative on behalf of a complainant. Persons not satisfied with the findings of the MPO may seek remedy from other applicable state or federal agencies:

Federal Highway Administration

Office of Civil Rights
HCR-20, Room E81-320
1200 New Jersey Avenue, SE
Washington, DC 20590

Federal Highway Administration – Texas Division

Attn: Civil Rights Specialist
300 E. 8th St.
Austin, TX 78701

Texas Department of Transportation

Civil Rights Division
Attn: Title VI Program Administrator
125 E. 11th Street
Austin, TX 78701

REQUIRED ELEMENTS OF A COMPLAINT:

In order to be processed, a complaint must be in writing and contain the following information:

- ◆ Name, address, and phone number of the complainant
- ◆ Name(s) and address(es) and business(es)/organization(s) of person(s) who allegedly discriminated
- ◆ Date of alleged discriminatory act(s)
- ◆ Basis of complaint: i.e., race, color, national origin, sex, age, religion, or disability
- ◆ A statement of complaint
- ◆ Signed consent release form

INCOMPLETE COMPLAINTS:

Upon initial review of the complaint, MPO staff will ensure that the form is complete and that any initial supporting documentation is provided. Should any deficiencies be found, MPO staff will notify the complainant within 10 business days. If reasonable efforts to reach the complainant are unsuccessful or if the complainant does not respond within the time specified in the request (30 days), the recipient may close the complainant's file. The complainant may resubmit the complaint provided it is filed within the original 180-day period.

Should the complaint be closed due to lack of required information, MPO staff will notify the complainant at their last known address. In the event the complainant submits the missing information after the file has been closed, the complaint may be reopened provided it has not been more than 180 calendar days since the date of the alleged discrimination.

RECORDS OF COMPLAINTS:

MPO staff will maintain a record of all complaints received. The information collected may include:

- ◆ Basic information about the complaint: when it was filed, who filed it, and who it was against
- ◆ A description of the alleged discriminatory action
- ◆ Findings of the investigation

COMPLAINT PROCESS OVERVIEW:

The following is a description of how a discrimination complaint will be handled once received by the Laredo & Webb County Area Metropolitan Planning Organization (LWCAMPO).

1. A Complaint is Received by LWCAMPO:

Complaints must be in writing and signed by the complainant or their designated representative. If the complainant is unable to complete the form in writing due to disability or limited-English proficiency, upon request reasonable accommodations may be made to ensure the complaint is received and processed.

- A. Complainants wishing to file a complaint but do not have access to the Internet or the ability to pick up a form, a complaint form will be mailed to them for completion.
- B. The complainant will be notified if the complaint form we receive is incomplete and ask that they furnish the missing information

2. Complaint is Logged into Tracking Database:

Completed complaint forms will be logged and tracked. Basic data will be maintained on each complaint received. A Sample of that log can be found in ["Appendix C: Record of Title VI Complaints"](#).

3. Determine Jurisdiction:

MPO staff will complete an initial review of the complaint. The purpose of this review is to determine if the complaint meets basic criteria.

- A. Basic criteria required for a complete complaint- alleged discrimination is due to race, religion, color, national origin, sex, age or disability
- B. Timeliness will be determined to ensure that the complaint was filed within the 180-day time requirement

The program in which the alleged discrimination occurred will be examined to ensure that the complaint was filed with the appropriate agency. During this process, if a determination is made in which the program or activity that the alleged discrimination occurred is not related to an MPO program or activity, every attempt will be made to establish the correct agency. When possible and with consent granted on the Consent/Release form, the complaint will be forwarded to the appropriate agency.

4. Initial Written Notice to Complainant:

Within 10 working days in receipt of the complaint, the MPO will issue the complainant a confirmation receipt of the complaint.

- A. If needed, the notice may request additional information, may notify complainant that the activity is not related to an MPO program or activity, or complaint does not meet deadline requirements. Conclusions made in step three will determine the appropriate response to the complaint
- B. A copy of the written response, as well as the complaint form, will be forwarded to the Texas Department of Transportation (TxDOT), Office of Civil Rights Contract Compliance Section for informational purposes only.

5. Investigation of Complaint:

MPO staff will determine the appropriate fact-finding process to ensure that all available information is collected in an effort to reach an informed conclusion and resolution of the complaint. The type of investigation techniques used may vary depending on the nature and circumstances of the alleged discrimination. An investigation may include but is not limited to:

- ◆ Internal meetings with MPO staff and legal counsel
- ◆ Consultation with state and federal agencies
- ◆ Interviews of complainant(s)
- ◆ Review of documentation (i.e., planning, public involvement, and technical program activities)
- ◆ Interviews and review of documentation with other agencies involved
- ◆ Review of technical analysis methods
- ◆ Review of demographic data

6. Determination of Investigation:

An investigation must be completed within 60 days of receiving the complete complaint, unless the facts and circumstances warrant otherwise.

- A. A determination will be made based on information obtained
- B. MPO staff and/or designee will render a recommendation for action, including formal and/or informal resolution strategies in a report of findings to the Transportation Policy Committee

7. Notification of determination:

Within 10 days of completing the investigation, the complainant will be notified by the LWCAMPO Director/Title VI Coordinator of the final decision.

- A. The notification will include appeal rights with state and federal agencies should dissatisfaction with the final decision exist
- B. A copy of this letter, along with the report of findings, will be forwarded to the TxDOT, Office of Civil Rights Contract Compliance Section for information purposes

LIMITED ENGLISH PROFICIENCY PLAN

The purpose of the Limited English Proficiency (LEP) Plan is to address the responsibilities of the Laredo & Webb County Area Metropolitan Planning Organization (LWCAMPO) as a recipient of federal financial assistance as they relate to the needs of individuals with limited English proficiency skills.

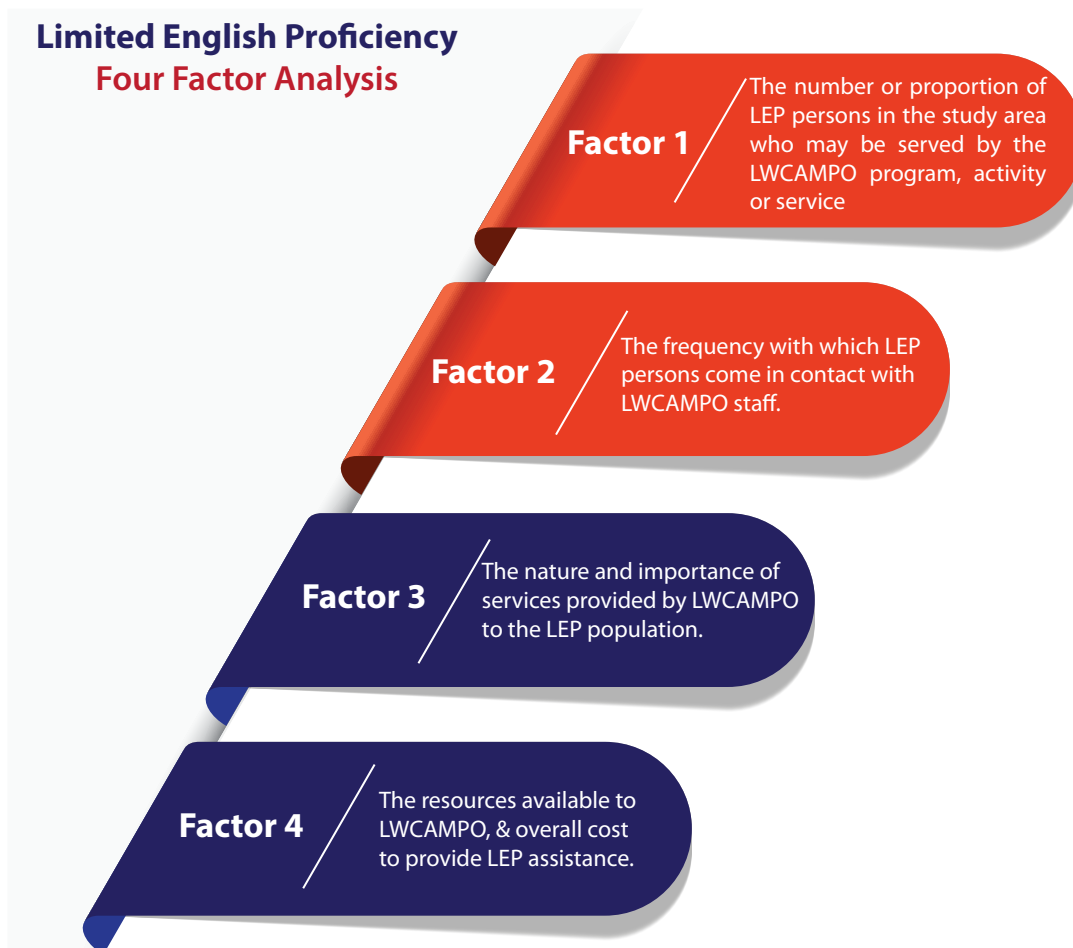
EXECUTIVE ORDER 13166

Executive Order 13166 applies to all federal agencies and all programs and operations of entities that receive funding from the federal government, including state departments of transportation, metropolitan planning organizations (MPOs) including the Laredo & Webb County Area Metropolitan Planning Organization (LWCAMPO), regional transportation agencies, regional, state, and local transit operators. Federal financial assistance includes grants, cooperative agreements, training, use of equipment, donations of surplus property, and other assistance.

LEP PLAN SUMMARY

LWCAMPO has developed this Limited English Proficiency Plan to help identify reasonable steps for providing language assistance to persons with limited English proficiency (LEP) who wish to access services provided. As defined by Executive Order 13166, LEP persons are those who do not speak English as their primary language and have limited ability to read, speak, write or understand English. This plan outlines how to identify a person who may need language assistance, the ways in which assistance may be provided, staff training that may be required, and how to notify LEP persons that assistance is available.

In order to prepare this plan, LWCAMPO used the four-factor LEP analysis which considers the following factors:



FOUR FACTOR ANALYSIS

This plan uses the recommended four-factor analysis of an individual assessment considering the four factors outlined above. LWCAMPO has examined each of the following factors to determine the level and extent of language assistance measures required to sufficiently ensure meaningful access to LWCAMPO’s resources. LWCAMPO based the recommendations on the results of the analysis.

FACTOR 1

The number or proportion of LEP persons in the study area who may be served by the LWCAMPO program, activity or service

U.S. Census Bureau, American Community Survey 5 Year Estimates 2016-2020 (Appendix A) categorizes speakers as those who speak English “very well” or “less than very well.” For our planning purposes, we are considering people who speak English “less than very well” as Limited English Proficient persons. Furthermore, the data reflects the approximate LEP population within Laredo, which covers the LWCAMPO study area and the surrounding rural areas within the county.

LWCAMPO staff reviewed the 2016-2020 American Community Survey 5-Year Estimates and determined that 236,347 persons in the Laredo Metro Area (90.4% of the population) speak a language other than English. Of those 236,347 41.3% have limited English proficiency; that is, they speak English “less than very well” (See [“Appendix D: Table 1 – American Community Survey \(ACS\) 5-year Estimates \(2016-2020\)”](#)).

Laredo, TX–Metro Area

Persons Who Speak a Language Other Than English at Home

90.4%

Source: ACS 5 Year Estimates (2016-2020)
Data Profiles/Social Characteristics

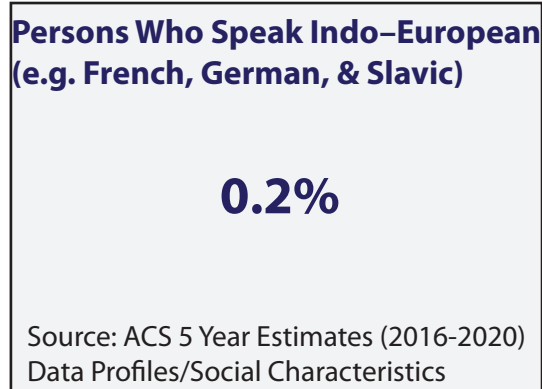
Persons Who Speak English Less Than Very Well

41.3%

Source: ACS 5 Year Estimates (2016-2020)
Data Profiles/Social Characteristics

Additionally, of those persons with limited English proficiency, within the LWCAMPO study area, 89.7% speak Spanish, 0.2% speak Indo-European (such as French, German, and Slavic), and 0.5% speaks Asian or other Pacific Islander Languages (including Korean, Chinese, Vietnamese, and Tagalog)(See [“Appendix E: Table 2 – American Community Survey \(ACS\) 5-year Estimates \(2016-2020\)”](#)).

Laredo, TX–Metro Area



FACTOR 2

The frequency with which LEP persons come in contact with the LWCAMPO.

LWCAMPO has served as the Metropolitan Planning Organization for the transportation needs of the Laredo Metropolitan Planning Area since 1979. Public meetings and workshops are held at the LWCAMPO’s office or in locations accessible by transit or bike routes.

LWCAMPO staff has contact with LEP persons at public meetings, community outreach events, and in day to day activities. Additionally, there are many LEP persons who come into contact with LWCAMPO partners, such as the Laredo El Metro.

FACTOR 3

The nature and importance of services provided by the LWCAMPO to the LEP population.

LWCAMPO is responsible for the regional planning process for all modes of transportation, and provides technical assistance to the local governments of Laredo in planning, coordinating, and implementing transportation decisions for the area. However, the LWCAMPO does not include any direct service or program that requires vital, immediate or emergency assistance, such as medical treatment or services for basic needs (like food or shelter).

As the agency responsible for administering all federal funds for urban transportation improvements within the urbanized area of Laredo, the LWCAMPO must make sure that all segments of the population, including LEP persons, have been involved or have had the opportunity to be involved with the planning process. The impact of proposed transportation investments on underserved and underrepresented population groups is part of the evaluation process for the use of federal funds in three major areas for the LWCAMPO:

- ◆ Metropolitan Transportation Plan (MTP)
- ◆ Transportation Improvement Program (TIP)
- ◆ Unified Planning Work Program (UPWP)

Inclusive public participation is a priority in other LAREDO MPO plans, studies and programs as well. Transportation improvements resulting from these planning activities have an impact on all residents in the region. Understanding and continued involvement are highly encouraged throughout the process. The LWCAMPO encourages input from all stakeholders, and every effort is made to insure the planning process is as inclusive as possible.

As a result of the long-range transportation planning process, selected projects receive approval for federal funding and progress towards project planning and construction under the responsibility of local jurisdictions or state transportation agencies. These state and local organizations have additional policies to ensure LEP individuals can participate in the process that shapes where, how and when a specific transportation project is implemented.

FACTOR 4

The resources available to LWCAMPO, & overall cost to provide LEP assistance.

LWCAMPO currently uses capable and competent bilingual staff members for in-house translation of documents for Spanish-speaking LEP persons. Additionally, bilingual staff has been utilized for Spanish interpretation at public meetings and community outreach events. The use of in-house translation and interpretation services functions as a cost-effective approach to accommodate the Spanish LEP language group. Although cost-effective, the use of translation services outside the MPO are used when in-house translations are constrained by limited staff time.

The use of translation/interpretation services for LEP groups other than Spanish has yet to become necessary. However, shall the need arise for these services, LWCAMPO will assess the costs to provide these services on an “as-needed” basis.

SAFE HARBOR STIPULATION

Federal law provides a “Safe Harbor” stipulation so that recipients can ensure with greater certainty that they comply with their obligations to provide written translations in languages other than English. A “safe harbor” means that if a recipient provides written translations in certain circumstances, such action will be considered strong evidence of compliance with the recipient’s written-translation obligations under Title VI.

The failure to provide written translations under the circumstances does not mean there is noncompliance, but rather provides a guide for recipients that would like greater certainty of compliance than can be provided by a fact-intensive, four-factor analysis. For example, even if a safe harbor is not used, if written translation of a certain document(s) would be so burdensome as to defeat the legitimate objectives of its program, it is not necessary. Other ways of providing meaningful access, such as effective oral interpretation of certain vital documents, might be acceptable under such circumstances.

Strong evidence of compliance with the recipient’s written-obligations under “safe harbor” includes providing written translations of vital documents for each eligible LEP language group that constitutes 5% or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. Translation of other documents, if needed, can be provided orally.

This safe harbor provision applies to the translation of written documents only. It does not affect the requirement to provide meaningful access to LEP individuals through competent oral interpreters where oral language services are needed and are reasonable.

Within the LWCAMPO study area, approximately 41.3 percent of the total population is considered LEP. See Table 1. Of the total LEP population, only one LEP language group, Spanish-speaking individuals, meets the population threshold for which written translations of vital documents can be provided to meet the safe harbor standard.

The remaining three LEP language groups located within the LWCAMPO study area, however, do not constitute the 5% or 1,000 persons of population threshold for which written translations of vital documents can be provided meet the safe harbor standard. Based on the LWCAMPO budget and the number of staff, it is deemed that written translations of core documents would be so burdensome as to defeat the legitimate objectives of our programs. It is more appropriate for the LWCAMPO to proceed with oral interpretation options for compliance with LEP regulations for the remaining LEP language groups. See Appendix.

LIMITED ENGLISH PROFICIENCY (LEP) IMPLEMENTATION PLAN

Based on the four-factor analysis above, LWCAMPO has decided to implement a plan to meet requirements under Title VI of the Civil rights Act of 1964, which seeks to improve access to services for persons with Limited English Proficiency (LEP).

IDENTIFYING LEP INDIVIDUALS

Based on the aforementioned four-factor analysis, a large proportion of LEP persons are Spanish- speaking. In comparison, the remaining language groups combined equal approximately 1% of LEP persons within the LWCAMPO study area. All language assistance services for LEP individuals will be focused towards the Spanish-speaking LEP language group, however the LWCAMPO will continue to assess the need for language assistance to other LEP language groups by:

- ◆ Posting a notice of the LEP Plan and the availability of interpretation or translation services free of charge in languages LEP person would understand.
- ◆ All LWCAMPO staff will be provided with “I Speak” cards to assist in identifying the language interpretation needed if the occasion arises.

- ◆ All LWCAMPO staff will be informally surveyed periodically on their experience concerning any contacts with LEP persons during the previous year.
- ◆ When LWCAMPO sponsors an informational meeting or event, an advanced public notice of the event should be published including special needs related to offering a translator (LEP) or interpreter (sign language for hearing impaired individuals).

LANGUAGE ASSISTANCE MEASURES

Language measures currently used and planned to be used by the LAREDO MPO to address the needs of LEP persons include the following:

- ◆ Translation (in Summary) of vital documents in Spanish;
 - ◆ Unified Planning Work
 - ◆ Title VI Complaint Form
 - ◆ Public Participation Plan
 - ◆ Limited English Proficiency Plan
- ◆ Posting advertisements/public notices of public meetings in Spanish (includes posters, flyers, newspaper ads)
- ◆ Provide a Spanish version of all online surveys
- ◆ Posting public notices in Spanish in a local all-Spanish language newspaper
- ◆ Providing Outreach literature in Spanish (includes brochures, pamphlets, handouts, etc.)
- ◆ Translation of vital documents or other literature for other LEP language groups will be offered upon request at no cost
- ◆ Provide oral interpreter services at any meeting or public hearing, with advance notice of seven calendar days. Interpreter to include foreign language and the hearing impaired.
- ◆ Posting notices in appropriate languages informing LEP persons of available services on the LWCAMPO website and other social media sites
- ◆ Prepare printed information on where to obtain language assistance to give or send to individuals, if necessary

STAFF TRAINING

In order to establish meaningful access to information and services for LEP individuals, staff that regularly interact with the public, and those who will serve as translators or interpreters, will be trained on the LWCAMPO's LEP policies and procedures. Training will ensure that staff members are effectively able to work in person and/or by telephone with LEP individuals.

The following training will be provided to all staff:

- ◆ Information on the Title VI Policy and LEP responsibilities
- ◆ Description of language assistance services offered to the public.
- ◆ Use of the "I speak" cards
- ◆ Documentation of language assistance requests
- ◆ How to handle a potential Title VI/LEP complaint.

All contractors or subcontractors performing work for LWCAMPO will be required to follow the Title VI/LEP guidelines.

TITLE VI PROGRAM VISIBILITY: PROVIDING NOTICE TO LEP PERSONS

As per USDOT LEP guidance:

“Once an agency has decided, based on the four factors, that it will provide language service, it is important that the recipient notify LEP persons of services available free of charge. Recipients should provide this notice in languages LEP persons would understand.”

The guidance provides several examples of notification including:

1. Signage when free language assistance is available with advance notice.
2. Stating in outreach documents that language services are available from the agency.
3. Working with community-based organizations and other stakeholders to inform LEP individual of the recipient’s services, including the availability of language assistance services.
4. Including notices in local newspapers in languages other than English.
5. Providing notices on non-English-language including but no limited to, radio, television, and LWCAMPO’s website and social media accounts, about the availability and accessibility of language assistance services.
6. Providing presentations and/or notices at schools and religious organizations upon request.

LWCAMPO will provide statements in public information and public notices, as outlined in our Public Participation Plan, that persons requiring language assistance or special accommodations will be provided, with reasonable advance notice to the MPO.

MONITORING AND UPDATING THE LEP PLAN

LWCAMPO will update the LEP Plan as required. At a minimum, the plan will be reviewed and updated when new data from the U. S. Census becomes available, or when it is clear that higher concentrations of LEP individuals are present within the LWCAMPO service area. Updates will include the following:

- ◆ How the needs of the 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 the LWCAMPO’s financial resources are sufficient to fund language assistance resources needed.
- ◆ Determine whether complaints have been received concerning the agency’s failure to meet the needs of LEP individuals.
- ◆ Maintain a Title VI complaint log, including LEP to determine issues and basis of complaints.

DISSEMINATION OF THE LWCAMPO LEP PLAN

Copies of the LEP Plan will be provided, on request, to any person(s) requesting the document via phone, in person, by mail or email. LEP persons may obtain copies/translations of the plan upon request. Any questions or comments regarding this plan should be directed to LWCAMPO.

Laredo & Webb County Area Metropolitan Planning Organization (LWCAMPO)

ATTN: LWCAMPO Director/Title VI Coordinator

1413 Houston Street

Laredo, Texas 78040

Email: jmendive@ci.laredo.tx.us

ENVIRONMENTAL JUSTICE (EJ)

As per federal requirements, LWCAMPO will appropriately identify and address disproportionately high and adverse human health or environmental effects of its programs, policies and activities on minority populations and low-income populations. This includes ensuring that underserved groups, such as low-income and minority populations, are identified and given increased opportunities for effective participation in the MPO's decision-making process (See ["Appendix F: Record of Contact with LEP Persons / ADA Accommodation Requests"](#)).

DATA COLLECTION AND ANALYSIS

Data collection is an important aspect of the LWCAMPO Title VI and EJ plan. Collection of demographic information will assist in transportation planning to determine impacts and benefits of potential projects. Demographic information can assist in identifying communities of concern as well as be used to develop outreach strategies and to monitor the effectiveness of outreach processes.

Maps that provide examples of the tools & techniques the MPO utilizes to fulfill the requirements outlined by federal legislation, identify public outreach strategies, and facilitate public participation activities can be found in ["Appendix G: Maps Relevant to Title VI & Related Statutes"](#).

APPENDIX A: NONDISCRIMINATION / POLICY STATEMENT

A signed copy of the resolution can be found in the following page.



TITLE VI & RELATED STATUTES

NONDISCRIMINATION STATEMENT

The Laredo & Webb County Area Metropolitan Planning Organization (LWCAMPO), as a recipient of Federal financial assistance and under Title VI of the Civil Rights Act of 1964 and related statutes, ensures that no person shall on the grounds of race, religion, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any Department programs and activities.

Juan S. Mendive
LWCAMPO Interim Director

1/23/2023

Date



TÍTULO VI Y/E ESTATUTOS RELACIONADOS

DECLARACIÓN DE NO DISCRIMINACIÓN

La Organización de Planeación Metropolitana de Laredo y el Área del Condado de Webb (LWCAMPO), como recipiente de Asistencia Financiera Federal y según el Acta de Derechos Civiles Título VI del 1964 Y estatutos relacionados, asegura que ninguna persona será excluida a causa de raza, religión, color, origen nacional, sexo, edad, o incapacidad de participación en, o negados los beneficios de, o de otra manera sea sujeto a discriminación en cualquiera de los programas o actividades del Departamento.

Juan S. Mendive
Director Interino LWCAMPO

Fecha

APPENDIX B: TITLE VI COMPLAINT FORMS

Samples of the online Title VI Complaint Forms as well as copies of the printable complaint forms can be found in the following pages. The online forms can be submitted to the MPO via the following link: [Laredo MPO Title VI Complaint Forms](#) in [English](#) / [Spanish](#)

Laredo & Webb County Area MPO Title VI Complaint Form

Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."
Title 42 U.S.C. Section 2000d

Please provide the following information necessary in order to process your complaint. A formal complaint must be filed within 180 days of the occurrence of the alleged discriminatory act.

After section 1 Continue to next section

Section 2 of 9

Section title (optional)

Description (optional)

Complainant Information

Description (optional)

Name *

Short answer text

Address *

Long answer text

City *

Short answer text

State *

Short answer text

Zip Code *

Laredo & Webb County MPO Formato de Queja de Discriminación



La Organización de Planeación Metropolitana de Laredo y el Área del Condado de Webb (LWCAMPO), de conformidad al Título VI de la Ley de Derechos Civiles de 1964 y los estatutos relacionados, asegura que ninguna persona por motivos de raza, religión, color, origen nacional, sexo, edad o discapacidad serán excluido de participar o de obtener beneficios, y/o estar sujetos a discriminación en cualquier programa o actividad de las dependencias que en su totalidad o en parte reciben asistencia financiera federal.

La queja o denuncia de discriminación debe presentarse dentro de los 180 días naturales posteriores al presunto acto de discriminación, en el descubrimiento de la misma, o cuando haya existido una conducta recurrente en la fecha en que se finalizó dicho acto.

After section 1 Continue to next section

Section 2 of 9

Section title (optional)



Description (optional)

Información del Titular

Description (optional)

Nombre Completo *

Short answer text

Dirección *

Long answer text

Ciudad *

Short answer text

Estado *

Short answer text



Discrimination Complaint Form

The Laredo & Webb County Area Metropolitan Planning Organization (LWCAMPO), as a recipient of federal financial assistance and under Title VI of the Civil Rights Act of 1964 and related statutes, ensures that no person shall, on the grounds of race, religion, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any agency programs or activities. These prohibitions extend from the MPO, as a direct recipient of federal financial assistance, to its sub-recipients (e.g., contractors, consultants, local governments, colleges, universities, etc.). All programs funded in whole or in part from federal financial assistance are subject to Title VI requirements. The Civil Rights Restoration Act of 1987 extended this to all programs within an agency that receives federal assistance regardless of the funding source for individual programs.

Upon request, reasonable accommodations may be made for persons who are unable to complete the complaint form due to disability or limited-English proficiency. A complaint may be filed by a representative on behalf of a complainant. The complaint must be **filed** no later than 180 calendar days from the most recent date of the alleged discrimination. The **filing date** is the day you complete, sign, and mail this complaint form. The complaint form and consent/release form must be dated and signed for acceptance. You have 30 calendar days to respond to any written request for additional information. Failure to do so will result in the closure of the complaint. For assistance, call (956) 794-1613 or e-mail jmendive@ci.laredo.tx.us

Submit signed original forms by mail or hand deliver to:

Laredo & Webb County Area Metropolitan Planning Organization (LWCAMPO)
ATTN: MPO Director/Title VI Coordinator
1413 Houston St. Laredo, Texas 78040

Or Email to:

jmendive@ci.laredo.tx.us

Please read all information carefully before you begin to complete form.

Complainants' information: *(If assisted with the complaint process, please provide your advisor's name/contact information)*

_____	_____	_____	_____
First Name	MI	Last Name	
_____	_____	_____	_____
Street Address	City	State	Zip
_____	_____	_____	_____
Telephone Number	E-mail Address		

Information of the person discriminated against: *(If someone other than the complainant)*

First Name	MI	Last Name	
Street Address	City	State	Zip
Telephone Number	E-mail Address		

Who do you believe discriminated against you?

First Name	MI	Last Name	
Name of Business/Organization	Position/Title		
Street Address	City	State	Zip

When did the alleged act(s) of discrimination occur? *(List all dates in mm/dd/yyyy format)*

Is the alleged discrimination ongoing?

Yes

No

Where (location) did the alleged act(s) of discrimination occur? *(Attach additional pages as needed)*

In the space below, provide the following information: (attach additional pages as needed)

- Describe in detail the specific incident(s) that is the basis(es) of the alleged discrimination.
- Describe each incident of discrimination separately.
- Explain how other persons were treated differently by the person/agency who discriminated against you.

Indicate the basis of your discrimination grievance.

1. Race

2. Color

3. Religion

4. Sex

5. Age

6. Disability

7. National
Origin

Did anyone, beside yourself, witness the alleged act(s) of discrimination? Yes No

If so, list and identify witness(es) to the incidents or persons who have personal knowledge to information regarding to your complaint.

Have you filed this complaint with any other federal, state, or local agency; or with any federal, state or local court?

Yes No

If yes, check all that apply:

<input type="checkbox"/> Federal Agency	<input type="checkbox"/> Federal Court	<input type="checkbox"/> State Agency
<input type="checkbox"/> State Court	<input type="checkbox"/> Local Agency	<input type="checkbox"/> Local Court
<input type="checkbox"/> Other (Please Specify): _____		

If so, please provide the date on which you made the report, the information of a contact person at the agency/court where the complaint was filed, & the resolution (if applicable): (Provide/attach any supporting documentation)

Date: _____

_____	_____	_____	
First Name	MI	Last Name	
_____	_____	_____	
Name of Business/Organization	Position/Title	Telephone Number	
_____	_____	_____	_____
Street Address	City	State	Zip

Please sign and date this complaint in order for us to address your allegations. The Discrimination Complaint Consent/Release Form is attached and must also be completed in order to assist us with our investigation. If you are filing a complaint of discrimination on behalf of another person, we will need the person's consent.

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. I also understand that if I will be assisted by an advisor, my signature below authorizes the named individual to receive copies of relevant correspondence regarding the complaint and to accompany me during the investigation.

Complainant's Signature

Date



Title VI Discrimination Complaint Consent/Release Form

Please read all information carefully before you begin to complete form.

_____	_____	_____	_____	_____
First Name	MI	Last Name		
_____	_____	_____	_____	_____
Street Address	City	State	Zip	

As a complainant, I understand that in the course of an investigation it may become necessary for the MPO to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of the MPO to honor requests under the Freedom of Information Act. I understand that as a complainant I am protected from retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes and regulations which are enforced by the Federal Highway Administration (FHWA) of the U.S. Department of Transportation.

Please check one:

- I **CONSENT** and authorize the MPO, as part of its investigation, to reveal my identity to persons at the organization, business, or institution which has been identified by me in my formal complaint of discrimination. I also authorize the MPO to discuss, receive and review materials and information about me from the same and with appropriate administrators or witnesses for the purpose of investigating this complaint. In doing so, I have read and understand the information at the beginning of this form. I also understand that the material and information received will be used for authorized civil rights compliance activities only. I further understand that I am not required to authorize this release and do so voluntarily.
- I **DENY CONSENT** to have the MPO reveal my identity to persons at the organization, business, or institution under investigation. I also deny consent to have the MPO disclose any information contained in the complaint with any witnesses I have mentioned in the complaint. In doing so, I understand that I am not authorizing the MPO to discuss, receive, nor review any materials and information about me from the same. In doing so, I have read and understand the information at the beginning of this form. I further understand that my decision to deny consent may impede this investigation and may result in the unsuccessful resolution of my case.

Signature

(Please Print For Non-Electronic signatures)

Date

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Laredo & Webb County Area Metropolitan Planning Organization (LWCAMPO)
ATTN: MPO Director/Title VI Coordinator
1413 Houston St. Laredo, Texas 78040

Or Email to:

jmendive@ci.laredo.tx.us



Formato de Queja de Discriminación

La Organización de Planeación Metropolitana de Laredo y el Área del Condado de Webb (LWCAMPO), de conformidad al Título VI de la Ley de Derechos Civiles de 1964 y los estatutos relacionados, asegura que ninguna persona por motivos de raza, religión, color, origen nacional, sexo, edad o discapacidad serán excluido de participar o de obtener beneficios, y/o estar sujetos a discriminación en cualquier programa o actividad de las dependencias que en su totalidad o en parte reciben asistencia financiera federal. Estas prohibiciones se extienden desde LWCAMPO, como receptor directo de la asistencia financiera federal, a sus subreceptores (por ejemplo, contratistas, consultores, gobiernos locales, universidades, etc.). La Ley de Restauración de Derechos Civiles de 1987 extendió dicho mandato a todos los programas dentro de las dependencias que reciben asistencia federal independientemente de la fuente de financiamiento para los programas.

A petición, se pueden hacer adecuaciones para quienes no pueden realizar el formulario de queja debido a una discapacidad o dominio limitado del idioma. Una queja puede ser presentada por el representante de la parte denunciante. La queja se debe **presentar** a más tardar 180 días naturales a partir de la fecha de la supuesta discriminación. La fecha de presentación será el día que el formulario de la queja este firmado y enviado. El formulario de queja y la forma de consentimiento deberán tener fecha y firma para ser aceptadas. Tienen 30 días naturales para responder a cualquier solicitud por escrito para obtener información adicional. De lo contrario, se archivará la queja. Para obtener ayuda, llame al (956) 794-1613 o por correo electrónico a jmendive@ci.laredo.tx.us. Envíe formularios originales firmados por correo o entregue en:

**La Organización de Planeación Metropolitana de Laredo y el Area del Condado de Webb (LWCAMPO) ATTN: Director del MPO/Coordinador de Titulo VI
1413 Houston St.
Laredo, Texas 78040**

O Enviar por Correo electrónico a:

jmendive@ci.laredo.tx.us

Favor de leer toda información antes de llenar la forma.

Información del Titular: *(Si tuvo asistencia con el proceso de la queja, favor de indicar el nombre del asesor en esta sección)*

Primer Nombre

Inicial de
2do nombre

Apellido

Dirección	Ciudad	Estado	Codigo Postal
-----------	--------	--------	---------------

Número de Teléfono	Correo electrónico
--------------------	--------------------

Datos de la persona quien fue discriminada: *(Si Ud. es el representante de la persona quien fue discriminada favor de ingresar los datos de esa persona en esta sección)*

Primer Nombre	Inicial de 2do nombre	Apellido
---------------	-----------------------	----------

Dirección	Ciudad	Estado	Codigo Postal
-----------	--------	--------	---------------

Número de Teléfono	Correo electrónico
--------------------	--------------------

¿Quien cree que le discriminó?

Nombre	Apellido
--------	----------

Nombre de Organización	Titulo
------------------------	--------

Dirección	Ciudad	Estado	Codigo Postal
-----------	--------	--------	---------------

¿Cuándo se produjeron los supuestos actos de discriminación? Indique todas las fechas en formato mm/dd/aaaa.

¿Sigue la supuesta discriminación en curso? Sí No

Dónde (lugar) se produjo el (los) presunto (s) acto (s) de discriminación? *(Adjunte páginas adicionales si es necesario):*

En el espacio siguiente, proporcione la siguiente información (adjuntar páginas adicionales si es necesario):

- **Describa detalladamente el(los) incidente(s) específico(s) que constituye(n) el fundamento de la supuesta discriminación.**
- **Describa cada incidente de discriminación por separado.**
- **Explique cómo otras personas fueron tratadas de forma diferente por la persona/organismo que le discriminó.**
- **Enumere e Identifique a cada testigo (s) de los incidentes o a las personas que tengan conocimiento personal de la información relativa a su queja.**

Indique el fundamento de su queja de discriminación

Raza

Color

Religión

Sexo

Edad

Discapacidad

País de Origen

¿Hay testigos que puedan colaborar el (los) presunto (s) acto (s) de discriminación?

Sí

No

Si es así, por favor identifique a quien pueda colaborar este informe.

¿Ha denunciado este incidente o acto de discriminación relacionados a alguna agencia a nivel federal, estatal, o local; o alguna corte a nivel federal, estatal o local?

Sí

No

Si es así, por favor identifique la agencia o corte a quien ha hecho el informe:

Agencia Federal

Corte Federal

Agencia Estatal

Corte Estatal

Agencia Local

Corte Local

Otra Agencia o Corte:

Si es así, por favor identifique a quien ha hecho el informe, la fecha en que usted hizo el informe y la resolución. (Incluir/adjuntar documentación de respaldo)

Fecha: _____

Resolución

Primer Nombre	Inicial de 2do nombre	Apellido	
Nombre de Organización	Titulo		Número de Teléfono
Dirección	Ciudad	Estado	Codigo Postal

Favor de firmar e indicar la fecha de esta queja para que podamos abordar sus acusaciones. El formulario de Consentimiento/Liberación se adjunta, y también debe ser realizada con el fin de ayudarnos con nuestra investigación. Si usted está presentando una queja de discriminación en nombre de otra persona, será necesario el consentimiento de la persona.

Yo certifico con lo mejor de mi conocimiento que la información que he proporcionado es correcta y los hechos y circunstancias son como los he descrito. También entiendo que, si voy a ser asistido por un asesor, mi firma autoriza a la persona nombrada para recibir copias de la correspondencia pertinente con respecto a la queja y que me acompañe durante la investigación.

Firma

Fecha



Titulo VI Formulario de Consentimiento para Queja de Discriminación.

Lea atentamente toda la información antes de comenzar a completar el formulario.

Primer Nombre	Inicial de 2do nombre	Apellido	
Dirección	Ciudad	Estado	Codigo Postal

Este formato es un mecanismo para otorgar autorización a Laredo & Webb County Area Metropolitan Planning Organization (LWCAMPO) para que en caso de ser necesario la MPO revele mi identidad a la organización o institución investigada, en el proceso de queja de discriminación en cumplimiento con la ley de Libertad de Información. Entiendo que, como demandante, estoy protegido contra represalias por haber tomado acciones para garantizar mis derechos establecidos en estatutos y reglamentos contra la no discriminación de la Administración Federal de Carreteras (FHWA) del Departamento de Transporte de los Estados Unidos que hace cumplir.

Por favor, marque uno:

DOY MI CONSENTIMIENTO y autorizo a la MPO, como parte de su investigación, a revelar mi identidad a la organización, empresa o institución que he denunciado en mi queja de discriminación. Autorizo a la MPO a investigar, recibir y analizar material e información sobre la denuncia con las partes en averiguación con el fin de investigar esta queja; y que dicho material e información se utilizarán solo para actividades autorizadas de acuerdo a las leyes aplicables. Además, entiendo que no estoy obligado a autorizar esta divulgación y lo hago voluntariamente. Al hacerlo, he leído y entiendo la información de este formulario.

NIEGO EL CONSENTIMIENTO para que la MPO revele mi identidad a la organización, empresa o institución bajo investigación. Así mismo no apruebo que la MPO divulgue cualquier información contenida en la queja con cualquier parte en averiguación. Por lo que no estoy autorizando a la MPO a investigar, recibir o analizar ningún material e información sobre mi denuncia. Al hacerlo, he leído y comprendo la información al comienzo de este formulario. Además, entiendo que mi decisión de negar el consentimiento puede impedir esta investigación y puede resultar un dictamen fallido para la queja presentada.

Firma

Fecha

Favor de enviar este formulario por correo postal o entregar en persona a la siguiente dirección:

Laredo & Webb County Area Metropolitan Planning Organization (LWCAMPO)
ATTN: MPO Director/Title VI Coordinator
1413 Houston St.
Laredo, TX 78040

O Enviar por E-mail a:
jmendive@ci.laredo.tx.us

APPENDIX D: TABLE 1 – AMERICAN COMMUNITY SURVEY (ACS) 5-YEAR ESTIMATES (2016-2020)

Persons in Laredo Metro Area that speak a language other than English / have limited English Proficiency

Label	Laredo, Texas			
	Estimate	Margin of Error	Percent	Percent Margin of Error
LANGUAGE SPOKEN AT HOME				
Population 5 years and over	236,347	±256	236,347	(X)
English only	22,741	±1,575	9.6%	±0.7
Language other than English	213,606	±1,550	90.4%	±0.7
Speak English less than "very well"	88,245	±2,984	37.3%	±1.3
Spanish	211,986	±1,482	89.7%	±0.6
Speak English less than "very well"	87,808	±2,992	37.2%	±1.3
Other Indo-European languages	407	±240	0.2%	±0.1
Speak English less than "very well"	144	±112	0.1%	±0.1
Asian and Pacific Islander languages	1,078	±195	0.5%	±0.1
Speak English less than "very well"	180	±114	0.1%	±0.1
Other languages	135	±117	0.1%	±0.1
Speak English less than "very well"	113	±114	0.0%	±0.1

APPENDIX E: TABLE 2 – AMERICAN COMMUNITY SURVEY (ACS) 5-YEAR ESTIMATES (2016-2020)

Laredo Metro Area: Languages spoken at home.

Laredo, Texas						
	Total	Percent	Percent of specified language speakers			
			Speak English only or speak English "very well"	Percent speak English only or speak English "very well"	Speak English less than "very well"	Percent speak English less than "very well"
Label	Population Estimate	Estimate	Population Estimate	Estimate	Population Estimate	Estimate
Speak a language other than English	213,606	90.4%	125,361	58.7%	88,245	41.3%
Spanish	211,986	89.7%	124,178	58.6%	87,808	41.4%
5 to 17 years old	51,791	21.9%	39,108	75.5%	12,683	24.5%
18 to 64 years old	138,176	58.5%	77,142	55.8%	61,034	44.2%
65 years old and over	22,019	9.3%	7,928	36.0%	14,091	64.0%
Other Indo-European languages	407	0.2%	263	64.6%	144	35.4%
5 to 17 years old	29	0.0%	29	100.0%	0	0.0%
18 to 64 years old	248	0.1%	204	82.3%	44	17.7%
65 years old and over	130	0.1%	30	23.1%	100	76.9%
Asian and Pacific Island languages	1,078	0.5%	898	83.3%	180	16.7%
5 to 17 years old	202	0.1%	184	91.1%	18	8.9%
18 to 64 years old	871	0.4%	711	81.6%	160	18.4%
65 years old and over	5	0.0%	3	60.0%	2	40.0%
Other languages	135	0.1%	22	16.3%	113	83.7%
5 to 17 years old	0	0.0%	0	-	0	-
18 to 64 years old	134	0.1%	21	15.7%	113	84.3%
65 years old and over	1	0.0%	1	100.0%	0	0.0%

APPENDIX F: RECORD OF CONTACT WITH LEP PERSONS / ADA ACCOMMODATION REQUESTS

A sample of the Record/Log of contact with LEP Persons as well as [ADA accommodation requests](#) received by MPO Staff can be found in the following pages:

LWCAMPO Limited English Proficiency (LEP) Encounters

To be filled by LWCAMPO Staff when an encounter, i.e. rendering of LEP assistance, occurs (for department LEP implementation records)

What is your first & last name? Short answer

Short answer text

What is your work title (e.g. Planner III)? * Required

Short answer text

What is your email address?

Short answer text

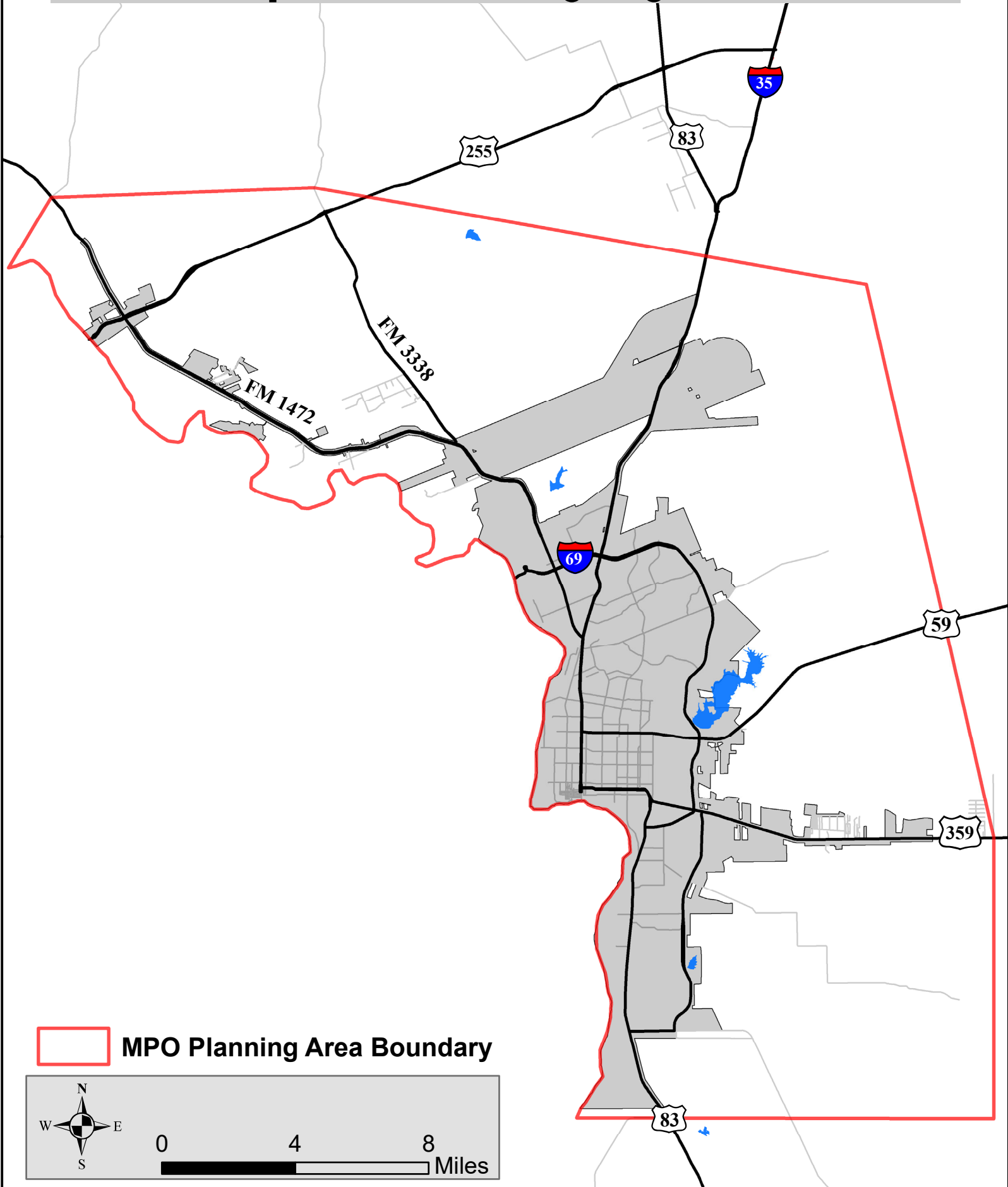
What month & year did you provide LEP assistance? (MM/YYYY) *

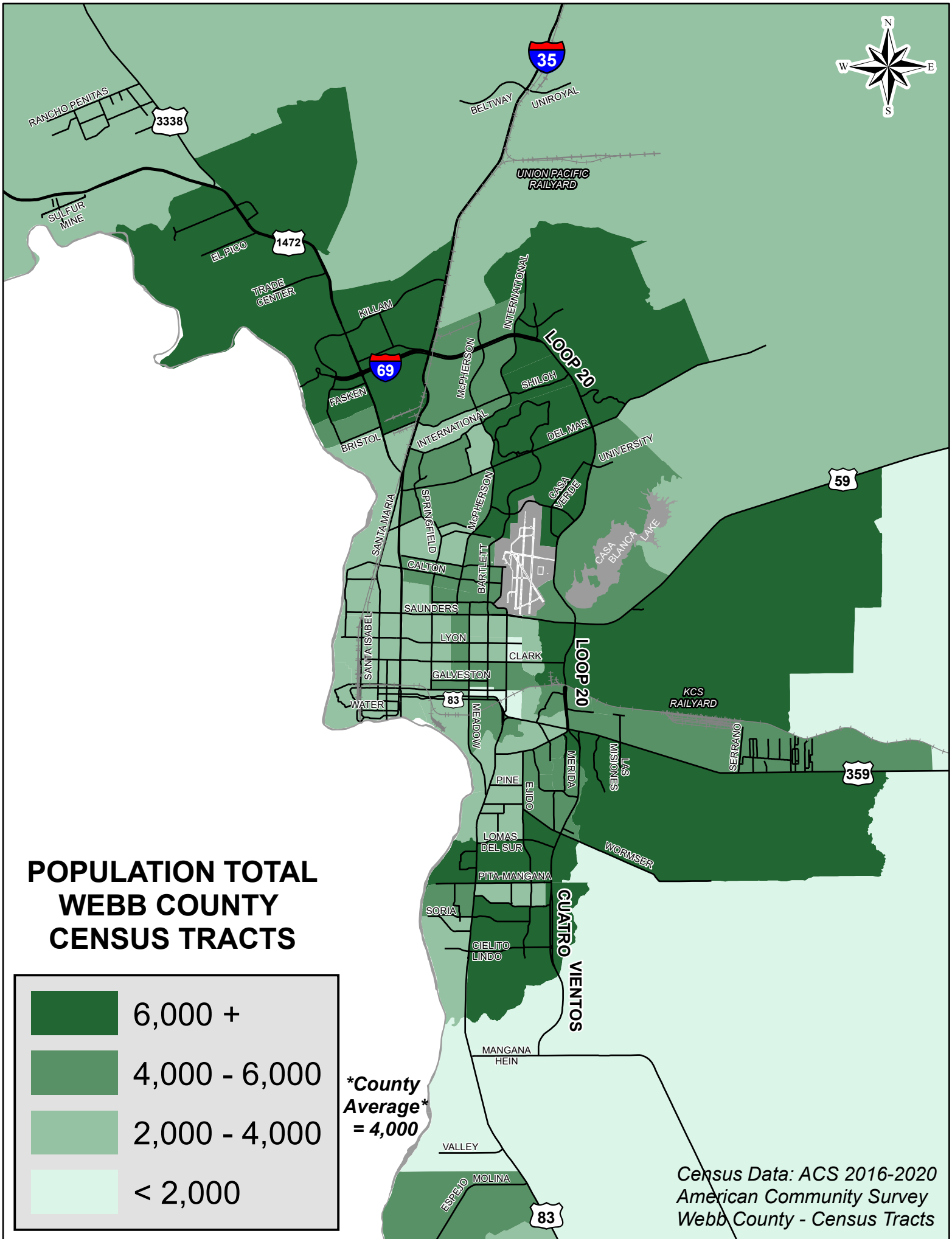
Short answer text

APPENDIX G: MAPS RELEVANT TO TITLE VI & RELATED STATUTES

The following maps provide examples of the tools & techniques the MPO utilizes to fulfill the requirements outlined by federal legislation, appropriately identify and address disproportionately high and adverse human health or environmental effects of its programs, policies and activities on minority populations and low-income populations:

Laredo Webb County Area Metropolitan Planning Organization



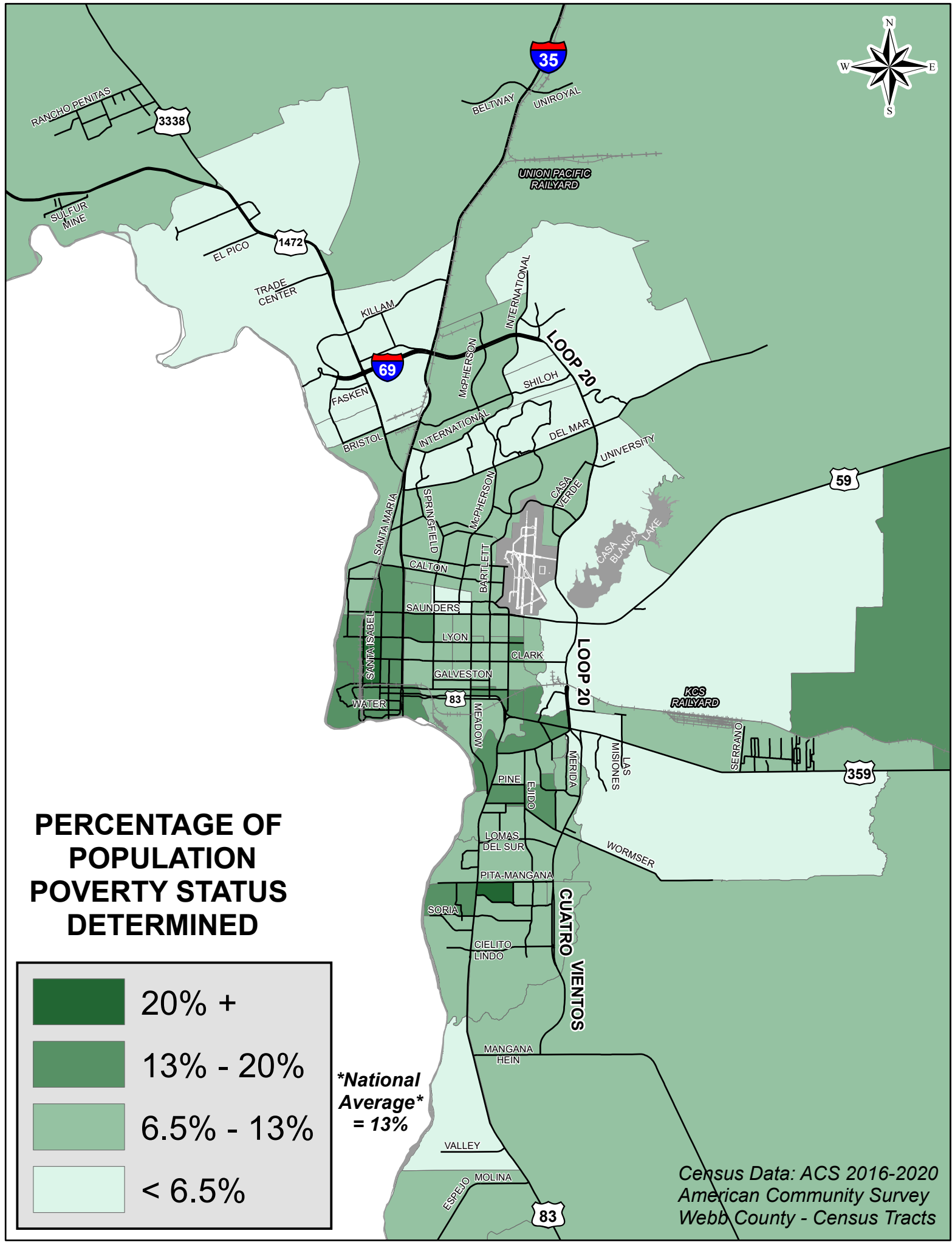
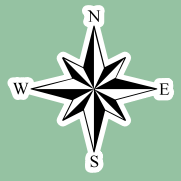


POPULATION TOTAL WEBB COUNTY CENSUS TRACTS

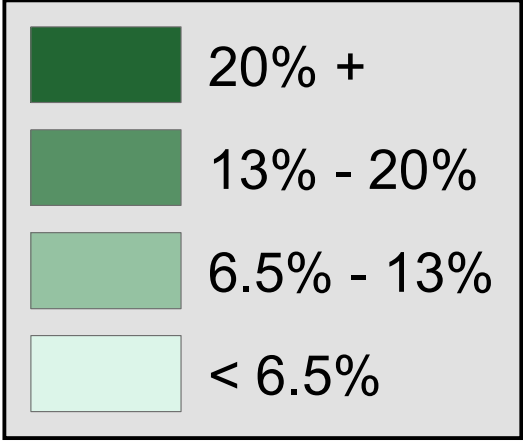
	6,000 +
	4,000 - 6,000
	2,000 - 4,000
	< 2,000

***County Average* = 4,000**

Census Data: ACS 2016-2020
American Community Survey
Webb County - Census Tracts



PERCENTAGE OF POPULATION POVERTY STATUS DETERMINED



National Average
= 13%

Census Data: ACS 2016-2020
American Community Survey
Webb County - Census Tracts

