Michigan Department of Transportation 0179 (10/19)

## TITLE VI SUB-RECIPIENT ANNUAL CERTIFICATION FORM

Page 1 of 2

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

	OF ORGANIZATION IAW COUNTY ROAD COMM	MISSION						1.25	
NAME OF TITLE VI COORDINATOR PATRICK J. REINKE				TITLE MANAGING DIRECTOR					
ADDRE 1250 S	SS M-33 PO BOX 157					\$ 100 miles (100 miles		t ada tuan	
CITY WEST BRANCH			COUNTY Ogemaw		STATE MI		ZIP CODE 48661		
TELEPHONE NO. 989-345-0234		FAX NO. 989-345-2337			E-MAIL ADDRESS OCRC@OGEMAWCR		C.ORG		
1.	Has your Title VI Coordina your last Title VI Plan was information for the new coo	approved?	d during the reporti If yes, please list	ing perio	od or sin ie and c	ce ontact	×No	Yes	
2.	Has your organization had any projects that have Title VI, LEP, or EJ impacts? How many? If yes, what did you do to ensure that those populations affected by the project had meaningful access to and involvement in the development process?								
	OCRC engages communed held a year. OCRC, upon participation.								gs are
3.	What is the number or percentage of LEP or EJ populations wi project?				were a	ffected by the	0		
4.	How many public involvement meetings did you hold during the reporting period?						0		
5.	Did you provide language assistance at any of your public meetings during the reporting period? How many persons received this assistance?					x No	Yes		
6.	Did you receive any formal or informal Title VI complaints, or law suits during this reporting period? If yes, how many, and please provide details regarding each complaint or law suit and the resolution.					×No	Yes		
7.	During this reporting period ensure non-discrimination in ALL	d, how mar n any of yo	ny of your employe ur programs, servi	ees hav	e been e	educated about	Title VI and	I their respons	sibility to
8.	Please provide any comme	nts or addit	ional information re	elated to	the ord	anization's Title	e VI Plan.		
	NONE								

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Page 2 of 2

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

year.			
NAME Car 1	TITLE MANAGING DIRECTOR	DATE 08/03/2022	

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

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