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## **UNITED CEREBRAL PALSY/RIDE-ON TRANSPORTATION**

### **TITLE VI PLAN**

**ADAPTED: JUNE 25, 2014**

**Revision: March 1, 2023**

**Prepared by:**

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## **I. INTRODUCTION**

This update of UCP/Ride-On transportation's Title VI Program has been prepared to ensure that the level and quality of Ride-On's demand response services are provided in a nondiscriminatory manner and that the opportunity for full and fair participation is offered to Rider's riders and other community members. Additionally, through this program, Ride-On has examined the need for services and materials for persons whom English is not their primary language and who have limited ability to read, write, speak, or understand English.

While it is a matter of principle that Ride-On is committed to ensuring that no person is excluded from participation in, or denied the benefits of, or subjected to discrimination in the receipt of any of Ride-On's transportation services. On the basis of race, color, or national origin. The contents of this program have been prepared in accordance with Section 601 of Title VI of the Civil Rights Act of 1964 and Executive Order 13116 (Improving Access to Services for Persons with Limited English Proficiency).

## **TITLE VI PLAN**

### **II. PLAN STATEMENT**

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that "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" (42 U.S.C. Section 2000d).

The United Cerebral Palsy/Ride-On Transportation is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transit services on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) Circular 4702.1.B.

This plan was developed to guide the United Cerebral Palsy/Ride-On Transportation in its administration and management of Title VI-related activities.

**Title VI Coordinator**  
**Contact information: Bob Armstrong**  
**Ride-On TMA Coordinator**  
**United Cerebral Palsy/Ride-On Transportation**  
**3620 Sacramento Drive, Suite 201**  
**San Luis Obispo, California 93401**

### **III. TITLE VI INFORMATION DISSEMINATION**

Title VI information posters shall be prominently and publicly displayed in the United Cerebral Palsy/Ride-On Transportation facility and on their revenue vehicles. The name of the Title VI coordinator is available on the United Cerebral Palsy/Ride-On Transportation's website, at [www.ride-on.org](http://www.ride-on.org). Additional information relating to nondiscrimination obligation can be obtained from the United Cerebral Palsy/Ride-On Transportation Title VI Coordinator.

Title VI information shall be disseminated to United Cerebral Palsy/Ride-On Transportation employees annually via the Employee Education form (see Appendix A) in payroll envelopes. This form reminds employees of the United Cerebral Palsy/Ride-On Transportation's policy statement, and of their Title VI responsibilities in their daily work and duties. During New Employee Orientation, new employees shall be informed of the provisions of Title VI, and the United Cerebral Palsy/Ride-On Transportation's expectations to perform their duties accordingly.

All employees shall be provided a copy of the Title VI Plan and are required to sign the Acknowledgement of Receipt (see Appendix B).

To make Ride-On riders aware of its commitment to Title VI compliance, and their right to file a civil rights complaint, Ride-On has posted the Rider Alert Notice in both English and Spanish, to guide them to our website for more information about Title VI or to file a complaint. On the Ride-On website at [ride-on.org](http://ride-on.org), they can click on the Title VI link at the bottom of every page on the website. They can get access to this program in both English and Spanish. A copy of the Rider Alert is in Appendix A.

### **IV. SUBCONTRACTS AND VENDORS**

All subcontractors and vendors who receive payments from United Cerebral Palsy/Ride-On Transportation where funding originates from any federal assistance are subject to the provisions of Title VI of the Civil Rights Act of 1964 as amended. Written contracts shall contain non-discrimination language, either directly or through the bid specification package which becomes an associated component of the contract.

### **V. RECORD KEEPING:**

The Title VI Coordinator will maintain permanent records, which include, but are not limited to, signed acknowledgements of receipt from the employees indicating the receipt of the United Cerebral Palsy/Ride-On Transportation's Title VI Plan, copies of Title VI complaints or lawsuits and related documentation, and records of correspondence to and from complainants, and Title VI investigations.

## **VI. TITLE VI COMPLAINT PROCEDURES**

### **How to file a Title VI Complaint?**

The complainant may file a signed, written complaint up to thirty (30) days from the date of the alleged discrimination. The complaint should include the following information:

- Your name, mailing address, and how to contact you (i.e., telephone number, email address, etc.)
- How, when, where and why you believe you were discriminated against. Include the location, names and contact information of any witnesses.
- Other information that you deem significant

The Title VI Complaint Form (see Appendix C) may be used to submit the complaint information. Get the complaint form online and complete the form. Sign the Complaint Form and send it to the Title VI Coordinator's address below. The complaint may be filed in writing with United Cerebral Palsy/Ride-On Transportation at the following address:

**Title VI Coordinator  
Bob Armstrong; Ride-On TMA Coordinator  
United Cerebral Palsy/Ride-On Transportation  
3620 Sacramento Drive, Suite 201  
San Luis Obispo, California 93401**

NOTE: United Cerebral Palsy/Ride-On Transportation encourages all complainants to certify all mail that is sent through the U.S. Postal Service and/or ensure that all written correspondence can be tracked easily. For complaints originally submitted by facsimile, an original, signed copy of the complaint must be mailed to the Title VI Coordinator as soon as possible, but no later than 30 days from the alleged date of discrimination.

### **What happens to the complaint after it is submitted?**

All complaints alleging discrimination based on race, color or national origin in a service or benefit provided by United Cerebral Palsy/Ride-On Transportation will be directly addressed by United Cerebral Palsy/Ride-On Transportation Board of Directors. United Cerebral Palsy/Ride-On Transportation shall also provide appropriate assistance to complainants, including those persons with disabilities, or who are limited in their ability to communicate in English. Additionally, United Cerebral Palsy/Ride-On Transportation shall make every effort to address all complaints in an expeditious and thorough manner.

A letter of acknowledging receipt of complaint will be mailed within thirty (30) days (Appendix D). Please note that in responding to any requests for additional information, a complainant's failure to provide the requested information may result in the administrative closure of the complaint.

**How will the complainant be notified of the outcome of the complaint?**

United Cerebral Palsy/Ride-On Transportation Board of Directors will send a final written response letter (see Appendix E or F) to the complainant. In the letter notifying complainant that the complaint is not substantiated (Appendix F), the complainant is also advised of his or her right to 1) appeal within seven calendar days of receipt of the final written decision from United Cerebral Palsy/Ride-On Transportation and/or 2) file a complaint externally with the U.S. Department of Transportation and/or the FTA. Every effort will be made to respond to Title VI complaints within 60 working days of receipt of such complaints, if not sooner.

In addition to the complaint process described above, a complainant may file a Title VI complaint with the following offices:

**US Department of Transportation  
Federal Transit Administration Office of Civil Rights, Region IX  
Attention: Title VI Program Coordinator  
201 Mission Street, Suite 1650  
San Francisco, CA. 94105-1839**

Ride-On will maintain a list of active investigations conducted by FTA and entities other than FTA, including lawsuits and complaints naming Ride-On, that allege discrimination on the basis of race, color or national origin. This list includes the date that the transit-related Title VI investigation, lawsuit, or complaint was filed; a summary of the allegation(s); the status of the investigation, lawsuit, or complaint; and actions taken by Ride-On in response, or final findings related to the investigation, lawsuit, or complaint.

**As of the writing of this program, there is no complaint which alleges discrimination on the grounds of race, color, national origin, or any other form of discrimination against UCP/Ride-On Transportation.**

## **VI. LIMITED ENGLISH PROFICIENCY (LEP) PLAN**

United Cerebral Palsy/Ride-On Transportation (UCP/Ride-On) has developed a Limited English Proficiency Plan (LEP) to help identify reasonable steps to provide language assistance for LEP persons seeking meaningful access to UCP/Ride-On services as required by Executive Order 13166. A Limited English Proficiency person is one who does not speak English as their primary language and who has a limited ability to read, speak, write, or understand English. This plan has detail procedures on how to identify a person who may need language assistance, the ways in which assistance may be provided, training staff, how to notify LEP persons that assistance is available, and information for future plan updates. In developing the plan UCP/Ride-On has determined the extent of obligation to provide LEP services, t UCP/Ride-On has undertaken the U.S. Department of Transportation four factor LEP analysis which considers the following: 1) The number or proportion of LEP persons eligible in the UCP/Ride-On service area who maybe served or likely to encounter an UCP/Ride-On program, activity, or service; 2) the frequency with which LEP individuals come in contact with a UCP/Ride-On service; 3) the nature and importance of the program, activity or service provided by UCP/Ride-On to the LEP population; and 4) the resources available to UCP/Ride-On and overall costs to provide LEP assistance.

## **VII. COMMUNITY OUTREACH**

As an agency designated as the Consolidated Transportation Services Agency for San Luis Obispo County, we have made the following community outreach efforts:

United Cerebral Palsy/Ride-On Transportation attends monthly meetings of the Adult Services Policy Council, which is attended by over 40 agencies serving seniors and people with disabilities. Access to transportation services is on the agenda and UCP/Ride-On responds to requests for transportation services. UCP/Ride-On attends 12-15 information fairs around the County each year to provide transportation information and seek feedback from the community. UCP/Ride-On has two representatives on the San Luis Obispo Council of Government's Social Service Transportation Advisory Committee. UCP/Ride-On has survey cards on all of their vehicles to get feedback from our riders.

United Cerebral Palsy/Ride-On Transportation participates in a Short Range Transit Plan and a Performance Review every three years. Both of these reviews evaluate UCP/Ride-On's marketing plan, which includes community outreach. We have four employees in our office who speak fluent Spanish and we always have a Spanish-speaking employee available.

## **VIII. ACTIVE INVESTIGATION, LAWSUIT OR COMPLAINT**

United Cerebral Palsy/Ride-On Transportation has had no active investigations, lawsuits or complaints alleging discrimination on the basis of race, color or national origin.

## **IX. SUBRECIPIENTS MONITORING**

Primary recipients shall ensure sub-recipients are complying with Title VI. Sub-recipient Title VI program shall be submitted every three years in line with the primary recipients program. Sub-recipients will also submit annual complaint logs to primary recipient which will be kept in an electronic storage device for further review by FTA as necessary.

## **X. MEMBERSHIP OF NON-ELECTED COMMITTEES AND COUNCILS**

United Cerebral Palsy/Ride-On Transportation does not have a non-elected transit council at this time..

## **XI. EQUITY ANALYSIS FOR BUILDING SITE**

An equity analysis was not required when UCP/Ride-On leased our current buildings eight years ago.

## **XII. RESOLUTION APPROVING TITLE VI PLAN**

A copy of this resolution can be found in Appendix H of this Plan.

## **XIII. SERVICE STANDARDS**

### ***Vehicle Load Standards***

UCP/Ride-On uses a standard of 1.0 ratio as the maximum vehicle load because they do not allow standees on any vehicles. UCP/Ride-On is a door-to-door paratransit service that secures all riders in wheelchairs and requires all ambulatory riders to sit in a seat secured by a seat belt.

### ***Vehicle Headway Standards***

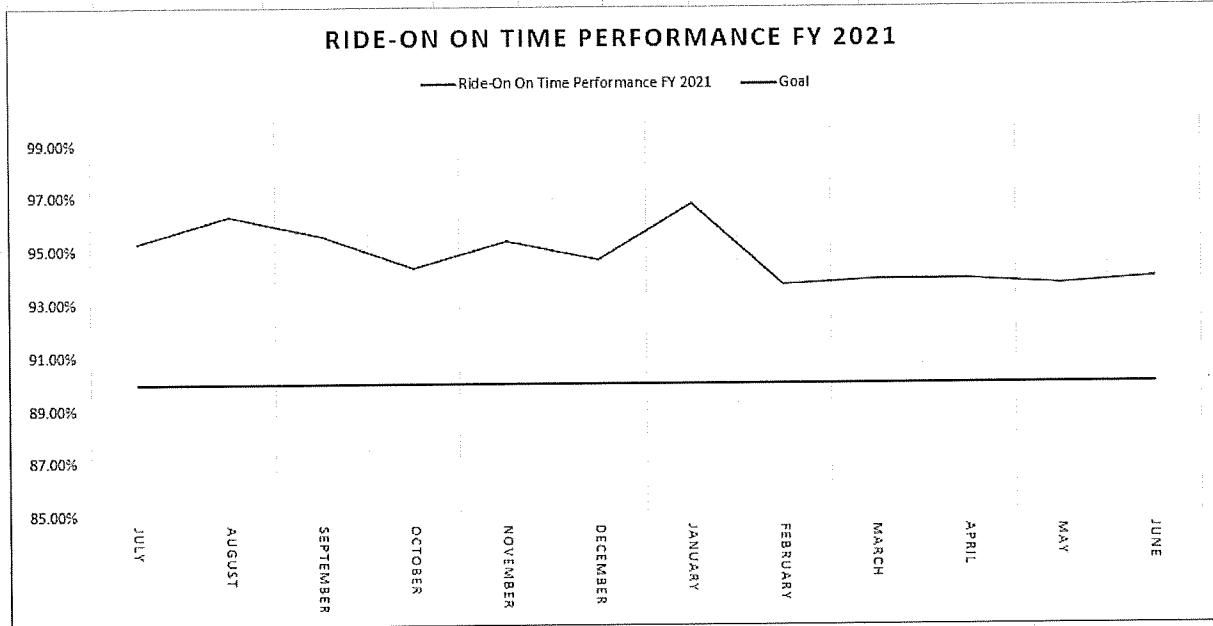
Service operates seven days a week, throughout UCP/Ride-On's transportation system.

Scheduling involves the consideration of a number of factors including: ridership productivity, transit/pedestrian friendly streets, density of transit-dependent population and activities, relationship to the Regional Transportation Plan, relationship to major transportation developments, land use connectivity, and transportation demand management.



***On-Time Performance Standards***

Fixed route service is considered on-time if at no point the bus is six or more minutes late. The goal is 90% or greater. As presented below, UCP/Ride-On has far surpassed the goal during each month of FY 21-22



UCP/Ride-On continuously monitors on-time performance and system results are published and posted as part of monthly performance reports covering all aspects of operations.

***Service Availability Standards***

UCP/Ride-On will try to distribute transit services to 100% of San Luis Obispo County.

**XIII. SERVICE POLICIES**

***Vehicle Assignment Policy***

Vehicles are assigned by routes based on the number of wheelchair riders the route has on their regular subscription routes. Some drivers are assigned to “float” routes which are assigned one time rides that are not subscription rides. Some of UCP/Ride-On vehicles do not have wheelchair access and their scheduling software makes sure that individuals with wheelchairs are scheduled onto a vehicle with wheelchair access.

All buses are also equipped with air conditioning.

***Transit Amenities Policy***

Installation of transit amenities along bus and rail routes are based on the number of passenger boardings at stops and stations along those routes.

## Appendix A: UCP/Ride-On's Title VI Notice to the Public

### Notifying the Public of Rights Under Title VI

## United Cerebral Palsy/Ride-On Transportation

- UCP/Ride-On 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 UCP/Ride-On
- For more information on UCP/Ride-On civil rights program, and the procedures to file a complaint, contact (805) 541-8747, or visit our administrative office at 3620 Sacramento Drive, Suite 201, San Luis Obispo, CA. 93401 For more information, visit [www.ride-on.org](http://www.ride-on.org)
- A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE, Washington, DC 20590
- If information is needed in another language, contact (805) 541-8747

### Notificar al público de los derechos bajo el título VI

## United Cerebral Palsy/Ride-On Transportation

- UCP/Ride-On opera sus programas y servicios sin respecto a raza, color y origen nacional con arreglo al título VI de la Ley de derechos. Cualquier persona que cree que él o ella ha sido agraviado por cualquier práctica discriminatoria ilegal bajo el título VI puede presentar una queja con UCP/Ride-ON
- Para obtener más información sobre el programa derechos civiles capaz de industrias y el procedimientos para presentar una queja, llame al (559) 651-8150, o visite nuestra oficina administrativa en UCP/Ride-On. Para más información información, visite [www.ucp-slo.org](http://www.ucp-slo.org)
- Un demandante puede presentar una queja directamente con el Federal Transit Administration por archivar una queja con la Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE, Washington, DC 20590
- Si se necesita información en otro idioma, contacte al (805) 541-8747

## **Title VI Policy**

No person shall, on the grounds 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.

All employees of United Cerebral Palsy/Ride-On Transportation are expected to consider, respect, and observe this policy in their daily work and duties. If a citizen approaches you with a question or complaint, direct him or her to the Title VI Coordinator Bob Armstrong; Ride-On TMA.

In all dealings with citizens, use courtesy titles (i.e. Mr., Mrs., Ms., or Miss) to address them without regard to race, color or national origin.

I hereby acknowledge the receipt of United Cerebral Palsy/Ride-On Transportation's Title VI Plan. I have read the plan and am committed to ensuring that no person is excluded from participation in, or denied the benefits of its transit services on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) Circular 4702.1.B.

---

Your signature

---

Print your name

---

Date

## **Appendix D      TITLE VI COMPLAINT FORM**

Title VI of the 1964 Civil Rights Act requires that "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.” If you feel you have been discriminated against in transit services, please provide the following information in order to assist us in processing your complaint and sent it to:

Provide address here

Please print clearly:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work)

Person discriminated against: \_\_\_\_\_

Address of person discriminated against: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Please indicate why you believe the discrimination occurred:

- \_\_\_\_\_ Race
- \_\_\_\_\_ Color
- \_\_\_\_\_ National Origin
- \_\_\_\_\_ Other

What was the date of the alleged discrimination? \_\_\_\_\_

Where did the alleged discrimination take place? \_\_\_\_\_

Please describe the circumstances as you saw it: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any and all witnesses' names and phone numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

---

Have you previously filed a Title VI complaint with this agency?

Yes  No

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 Agency \_\_\_\_\_

State Court \_\_\_\_\_

Local Agency \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please attach any documents you have which support the allegation. Then date and sign this form and send to the Title VI Coordinator at:

**Title VI Coordinator**  
**Bob Armstrong; Ride-On TMA Coordinator**  
**United Cerebral Palsy/Ride-On Transportation**  
**3620 Sacramento Drive, Suite 201**  
**San Luis Obispo, California 93401**

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print your name

## V. TITULO VI PROCEDIMIENTOS DE RECLAMACION

¿Cómo hacer una denuncia bajo el Titulo VI?

El demandante puede presentar una denuncia por escrito hasta treinta días a partir de la fecha de la presunta discriminación. La queja debe incluir la siguiente información:

- \* Su nombre, dirección de correo, y cómo ponerse en contacto con usted (número de teléfono, dirección de correo electrónico, etc.)
- \* Cómo, cuándo, dónde y por qué usted cree que fue objeto de discriminación. Incluya ubicación, los nombres y la información de contacto de los testigos.
- \* Otra información que considere importante.

El Formulario de Reclamación de Título VI (Consulte el Apéndice C) puede ser utilizado para someter la información de la denuncia. Puede presentar la denuncia por escrito a United Cerebral Palsy/Ride-On Transportation a la siguiente dirección:

**Title VI Coordinator  
Bob Armstrong; Ride-On TMA Coordinator  
United Cerebral Palsy/Ride-On Transportation  
3620 Sacramento Drive, Suite 201  
San Luis Obispo, California 93401**

Nota: United Cerebral Palsy/Ride-On Transportation alienta a todos los denunciantes a certificar todo el correo que se envía a través del Servicio Postal de Estados Unidos y/o asegurarse que toda la correspondencia escrita puede ser rastreada fácilmente. Denuncias presentadas originalmente por facsímil, necesitan también enviar una copia original de la denuncia, firmada, al coordinador del Título VI tan pronto como sea posible, pero no más tarde de 30 días a partir de la supuesta fecha de la discriminación.

#### **¿Qué sucede con la denuncia después de que haya sido sometida?**

Todas las denuncias de discriminación basadas por motivos de raza, color u origen nacional en un servicio o beneficio proporcionado por United Cerebral Palsy/Ride-On Transportation serán directamente dirigidas por la Junta directiva de United Cerebral Palsy/Ride-On Transportation. United Cerebral Palsy/Ride-On Transportation también proporcionará asistencia adecuada a los denunciantes, incluyendo las personas con discapacidades, o que son limitados en su capacidad de comunicarse en inglés. Además, United Cerebral Palsy/Ride-On Transportation hará todos los esfuerzos para atender todas las denuncias de una manera rápida y eficiente.

Se enviará una carta anunciando que recibimos su denuncia dentro de los treinta (30) días (Apéndice D). Por favor tenga en cuenta que a la hora de responder a cualquier información de solicitud adicional, al denunciante que no proporcione la información solicitada, puede resultar en el cierre administrativo de la denuncia.

#### **¿Cómo se notificará al denunciante del resultado de la queja?**

La junta de directores de United Cerebral Palsy/Ride-On Transportation le enviará una carta con la respuesta final (Consulte Apéndice E o F) al denunciante. La carta notificará al denunciante

que la queja no ha sido justificada (Apéndice F), se recomienda al denunciante sus derechos a 1) apelar dentro de siete días de calendario después de recibir la decisión final por escrito de United Cerebral Palsy/Ride-On Transportation y/o 2) presente una queja externamente con el Departamento de Transporte de EE.UU. y/o el FTA. Se hará todo lo posible para responder a denuncias de Título VI en un plazo de 60 días laborables, a partir de recibir las quejas, si no antes.

Además del proceso de denuncias descrito anteriormente, el denunciante puede presentar una queja al Título VI en la siguientes oficinas:

**Federal Transit Administration Office of Civil Rights  
Attention: Title VI Program Coordinator  
East Building, 5th Floor – TCR  
1200 New Jersey Ave., SE  
Washington, DC 20590**

## Appendice C      TÍTULO VI FORMULARIO DE RECLAMACIÓN

El Título VI del Acto de Derechos Civiles de 1964 requiere que "ninguna persona en los Estados Unidos deberá, por motivos de raza, color u origen nacional, sea excluido de la participación en, ser negado los beneficios de, o ser objeto de discriminación bajo cualquier programa o actividad recibiendo asistencia financiera federal." Si usted siente que ha sido discriminado en los



servicios de tránsito, por favor proporcione la siguiente información para ayudarnos a procesar su queja y enviarlo a:

Proporcione su dirección aquí:

---

---

**Por favor imprima claramente:**

Nombre: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad, estado, código postal: \_\_\_\_\_

Número de Telephone (Casa :) \_\_\_\_\_ (Cellular :) \_\_\_\_\_ (Trabajo:) \_\_\_\_\_

Persona discriminada: \_\_\_\_\_

Dirección de la persona discriminada: \_\_\_\_\_

Ciudad, estado, código postal: \_\_\_\_\_

Por favor indique por qué usted cree que la discriminación ocurrió:

- \_\_\_\_\_ Raza
- \_\_\_\_\_ Color
- \_\_\_\_\_ Origen nacional
- \_\_\_\_\_ Otro

¿Cuál fue la fecha de la presunta discriminación? \_\_\_\_\_

¿Dónde ocurrió la presunta discriminación? \_\_\_\_\_

Por favor describa las circunstancias como sucedió:

---

---

---

Por favor liste todos los nombres de los testigos y sus numeros de teléfono:

---

---

¿Anteriormente ha presentado una denuncia de Título VI con esta agencia?

Sí  No

¿Ha presentado esta denuncia en cualquier otra agencia federal, estatal o local, o en cualquier otra corte federal o estatal?

Sí  No

Si la respuesta es sí, marque todo lo que aplique:

Agencia federal \_\_\_\_\_

Tribunal federal \_\_\_\_\_

Agencia estatal \_\_\_\_\_

Corte estatal \_\_\_\_\_

Agencia local \_\_\_\_\_

Por favor proporcione información acerca de la persona de contacto en la agencia/corte donde la denuncia fue presentada.

Nombre: \_\_\_\_\_

Título: \_\_\_\_\_

Agencia: \_\_\_\_\_

Dirección: \_\_\_\_\_

Teléfono: \_\_\_\_\_

Por favor incluya los documentos que sostengan la acusación. Escriba la fecha y firme el formulario y envíelo al Coordinador del Título VI a:

**Title VI Coordinator  
Bob Armstrong; Ride-On TMA Coordinator  
United Cerebral Palsy/Ride-On Transportation  
3620 Sacramento Drive, Suite 201  
San Luis Obispo, California 93401**

\_\_\_\_\_  
Su Firma

\_\_\_\_\_  
Fecha

**APPENDIX E Sample Letter Acknowledging Receipt of Complaint**

Today's Date

Ms. Jo Doe  
1234 Main St.  
San Luis Obispo, California 93401

Dear Ms. Doe:

This letter is to acknowledge receipt of your complaint against United Cerebral Palsy/Ride-On Transportation alleging \_\_\_\_\_.

An investigation will begin shortly. If you have additional information you wish to convey or questions concerning this matter, please feel free to contact this office by telephoning \_\_\_\_\_, or write to me at this address.

Sincerely,

**Title VI Coordinator  
Bob Armstrong; Ride-On TMA Coordinator  
United Cerebral Palsy/Ride-On Transportation  
3620 Sacramento Drive, Suite 201  
San Luis Obispo, California 93401**

Today's Date

Ms. Jo Doe  
1234 Main St.  
San Luis Obispo, California 93401

Dear Ms. Doe:

The matter referenced in your letter of \_\_\_\_\_ (date) against United Cerebral Palsy/Ride-On Transportation alleging Title VI violation has been investigated. (An/Several) apparent violation(s) of Title VI of the Civil Rights Act of 1964, including those mentioned in your letter (was/were) identified. Efforts are underway to correct these deficiencies.

Thank you for bringing transportation matter to our attention. You were extremely helpful during our review of the program. *(If a hearing is requested, the following sentence may be appropriate.)* You may be hearing from this office, or from federal authorities, if your services should be needed during the administrative hearing process.

Sincerely,

**Title VI Coordinator  
Bob Armstrong; Ride-On TMA Coordinator  
United Cerebral Palsy/Ride-On Transportation  
3620 Sacramento Drive, Suite 201  
San Luis Obispo, California 93401**

Today's Date

Ms. Jo Doe  
1234 Main St.  
San Luis Obispo, California 93401

Dear Ms. Doe:

The matter referenced in your complaint of \_\_\_\_\_ (date) against United Cerebral Palsy/Ride-On Transportation alleging \_\_\_\_\_ has been investigated.

The results of the investigation did not indicate that the provisions of Title VI of the Civil Rights Act of 1964, had in fact been violated. As you know, Title VI prohibits discrimination based on race, color, or national origin in any program receiving federal financial assistance.

United Cerebral Palsy/Ride-On Transportation has analyzed the materials and facts per your case for evidence of the city's failure to comply with any of the civil rights laws. There was no evidence found that any of these laws have been violated.

I therefore advise you that your complaint has not been substantiated, and that I am closing this matter in our files.

You have the right to 1) appeal within seven calendar days of receipt of this final written decision from United Cerebral Palsy/Ride-On Transportation, and/or 2) file a complaint externally with the U.S. Department of Transportation and/or the Federal Transit Administration at Federal Transit Administration Office of Civil Rights Attention: Title VI Program Coordinator East Building, 5th Floor - TCR 1200 New Jersey Ave., SE Washington, DC 20590

Thank you for taking the time to contact us. If I can be of assistance to you in the future, do not hesitate to call me.

Sincerely,

**Title VI Coordinator  
Bob Armstrong; Ride-On TMA Coordinator  
United Cerebral Palsy/Ride-On Transportation  
3620 Sacramento Drive, Suite 201  
San Luis Obispo, California 93401**

**APPENDIX H      Samples of Narrative to be included in Posters to be  
displayed in Revenue Vehicles and Facilities**

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that "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" (42 U.S.C. Section 2000d).

United Cerebral Palsy/Ride-On Transportation is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transit services on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) Circular 4702.1.B. **If you feel you are being denied participation in or being denied benefits of the transit services provided by United Cerebral Palsy/Ride-On Transportation, or otherwise being discriminated against because of your race, color, national origin, gender, age, or disability, you may contact our office at:**

**Title VI Coordinator  
Bob Armstrong; Ride-On TMA Coordinator  
United Cerebral Palsy/Ride-On Transportation  
3620 Sacramento Drive, Suite 201  
San Luis Obispo, California 93401**

For more information, visit our website at [www.sloUCP/Ride-On.org](http://www.sloUCP/Ride-On.org)

**APPENDIX I**  
**UNITED CEREBRAL PALSY/RIDE-ON TRANSPORTATION**

**RESOLUTION NO. 279**

**RESOLUTION ADOPTING A TITLE VI POLICY STATEMENT AND PLAN**

**WHEREAS**, United Cerebral Palsy/Ride-On Transportation (UCP/Ride-On) was formed to provide specialized and public transportation to all of the citizens of San Luis Obispo County; and

**WHEREAS**, Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance; and

**WHEREAS**, UCP/Ride-On commits to assure that no person shall, on the grounds of race, color, national origin, or sex, as provided by Title VI of the Civil Rights Act of 1964, be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination under any UCP/Ride-On program or activity regardless of the funding source; and

**WHEREAS**, UCP/Ride-On is the designated Consolidated Transportation Services Agency (CTSA) for San Luis Obispo County;

**WHEREAS**, UCP/Ride-On receives Federal funding from other agencies that also have Title VI requirements.

**NOW, THEREFORE, BE IT RESOLVED**, that the Board of Directors of United Cerebral Palsy/Ride-On Transportation approves the proposed Title VI Policy Statement and Plan in order to meet Title VI and attendant federal requirements. The TMA Coordinator, in his capacity, will serve as the Title VI Coordinator and is authorized to revise and update the plan as necessary.

Upon motion of Director David Murray, seconded by Director Rusty Davis, and on the following roll call, to wit:

**AYES:** Austin O'Dell, Jim Coryell, David Murray, Raymond Castro, Makayla Rustigian, Rusty Davis, Bob Dingler, Sarah Crable, and John Lee


**NOES:**

**ABSENT:** Larry Conrad, Pam Richerson

**ABSTAINING:**

The foregoing resolution is hereby passed and adopted by United Cerebral Palsy/Ride-On Transportation of San Luis Obispo County, State of California, at a regular meeting of said Board of Directors held on the 19<sup>th</sup> day of April 2023.

Resolution No. 279

  
Austin O'Dell  
President of the UCP/Ride-On Board

ATTEST:

  
Mark Shaffer  
Executive Director

APPROVED AS TO FORM AND LEGAL EFFECT:

By:   
Jane Heath  
UCP/Ride-On Counsel

Dated: April 28, 2023  
(Original signature in BLUE ink)