

TITLE VI PUBLIC INVOLVEMENT FORM

Completing this form is **completely voluntary**. You are not required to provide the information requested in order to participate in this meeting.

Meeting or Event:	Date:
Location:	

In accordance with Title VI of the Civil Rights Act of 1964 and related authorities, the Cape Fear Rural Transportation Planning Organization (CFRPO) assures that no person(s) shall be excluded from participation in any of its programs or activities based on their race, color, national origin, disability, age, gender, or income. Completing this form helps us meet our data collection and public involvement obligations and will help us to better serve you.

Please place your completed form in the designated box on the sign-in table, hand it to a CFRPO official or mail it to the Cape Fear Rural Transportation Planning Organization, 1480 Harbour Dr, Wilmington, NC 28401. All forms will remain on file at the CFRPO as part of the public record.

Zip Code: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Name: (i.e. Main Street) _____	Have a Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Household Income: <input type="checkbox"/> Less than \$12,000 <input type="checkbox"/> \$47,000 – \$69,999 <input type="checkbox"/> \$12,000 – \$19,999 <input type="checkbox"/> \$70,000 – \$93,999 <input type="checkbox"/> \$20,000 – \$30,999 <input type="checkbox"/> \$94,000 – \$117,999 <input type="checkbox"/> \$31,000 – \$46,999 <input type="checkbox"/> \$118,000 or greater	Age: <input type="checkbox"/> Less than 18 <input type="checkbox"/> 45-64 <input type="checkbox"/> 18-29 <input type="checkbox"/> 65 and older <input type="checkbox"/> 30-44
Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other (please specify): _____	National Origin: (if born outside the U.S.) <input type="checkbox"/> Mexican <input type="checkbox"/> Central American: _____ <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American: _____ <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other (please specify): _____

Thank you for your participation!

For more information regarding Title VI or this request, please contact CFRPO Director Allen Serkin at (910) 395-4553 or by email at aserkin@capefearcog.org.