



FRENCH BROAD RIVER MPO 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 Type: Location:	Date:
TIP No. (if known): Project Name/Description:	

In accordance with Title VI of the Civil Rights Act of 1964 and related authorities, French Broad River MPO assures that no person(s) shall be excluded from participation in, denied the benefits of, or subjected to discrimination under any of the MPO programs, policies, or activities, based on their race, color, national origin, disability, age, income, or gender.

Completing this form helps meet our data collection and public involvement obligations under Title VI and NEPA, and will help improve how we serve the public. Please place the completed form in the designated box on the sign-in table, hand it to a FBRMPO staff member or mail it to the FBRMPO Title VI Coordinator, Land-of-Sky Regional Council, 339 New Leicester Hwy, Suite 140, Asheville, NC 28806.

All forms will remain on file at FBRMPO offices as part of the public record.

Zip Code: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Name: (i.e. Main Street) _____	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
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	Have a Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> South American: _____ <input type="checkbox"/> Eastern European: _____ <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (please specify): _____

For more information regarding Title VI or this request, please contact the FBRMPO Title VI Coordinator at (828) 252-6622, or by email at mpo@landofsky.org.

Thank you for your participation!