

Appendix I

**VOLUNTARY TITLE VI
PUBLIC INVOLVEMENT
SURVEY**
Dearborn County, Indiana

<p>Sue Ann Hayden, Title VI Coordinator Office of the County Commissioners – 3rd Floor Administration Building Dearborn County Government 165 Mary Street Lawrenceburg, IN 47025 Phone: (812) 537-8894 / Fax: (812) 532-2003 Email: shayden@dearborncounty.in.gov</p>
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As a recipient of federal funds, Dearborn County is required to develop a procedure for gathering statistical data regarding participants and beneficiaries of its federal-aid programs and activities (23 CFR §200.9(b)(4)). Dearborn County is distributing this voluntary survey to fulfill that requirement to gather information about the populations affected by Dearborn County activities.

Submittal of this information is voluntary. You are not required to complete this survey. This form is a public document that Dearborn County will use to monitor its programs and activities for compliance with Title VI of the Civil Rights Act of 1964, as amended and its related statutes and regulations.

If you have any questions regarding Dearborn County's responsibilities under Title VI of the Civil Rights Act of 1964 or the Americans with Disabilities Act, please contact Sue Hayden at the number above. You may return this voluntary survey by tri-folding it and placing it in the box provided at the registration table (if you received it at a public hearing or meeting) or by mail, scan/email or fax to the address above.

Date (month / day / year):	
Type of Meeting: <input type="checkbox"/> County Commissioners <input type="checkbox"/> County Council <input type="checkbox"/> Redevelopment Commission <input type="checkbox"/> Plan Commission <input type="checkbox"/> Redevelopment Commission <input type="checkbox"/> Public Hearing <input type="checkbox"/> Board of Health <input type="checkbox"/> Other: _____	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino National Origin: <input type="checkbox"/> USA <input type="checkbox"/> Other _____
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial	
Age: <input type="checkbox"/> 1-21 <input type="checkbox"/> 22-40 <input type="checkbox"/> 41-65 <input type="checkbox"/> 65+	Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No
Household income: <input type="checkbox"/> 0-\$12,000 <input type="checkbox"/> \$12,001-\$24,000 <input type="checkbox"/> \$24,001-\$36,000 <input type="checkbox"/> \$36,001-\$48,000 <input type="checkbox"/> \$48,001-\$60,000 <input type="checkbox"/> \$60,001 +	

<p><i>We sincerely thank you for your participation.</i></p>
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