Michigan Department of Transportation
0179 (10/19)

TITLE VI SUB-RECIPIENT ANNUAL CERTIFICATION FORM

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.

NAME OF ORGANIZATION
GOGEBIC COUNTY ROAD COMMISSION

NAME OF TITLE VI COORDINATOR	TITLE
PATRICIA J HAGSTROM	OFFICE ADMINISTRATOR

ADDRESS
200 NORTH MOORE STREET, COURTHOUSE ANNEX

CITY	COUNTY	STATE	ZIP CODE
BESSEMER	Gogebic	MI	49911

TELEPHONE NO.	FAX NO.	E-MAIL ADDRESS
(906) 667-0233	(906) 663-4807	phagstrom1@gogebic.gov

1.	Has your Title VI Coordinator changed during the reporting period or since your last Title VI Plan was approved? If yes, please list the name and contact information for the new coordinator. 200 Characters	☒ 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? 500 Characters	☒ No	☐ Yes
3.	What is the number or percentage of LEP or EJ populations who were affected by the project?	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?	☒ 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. 500 Characters	☒ No	☐ Yes
7.	During this reporting period, how many of your employees have been educated about Title VI and their responsibility to ensure non-discrimination in any of your programs, services, or activities. 0		
8.	Please provide any comments or additional information related to the organization's Title VI Plan. 500 characters		

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

NAME	TITLE	DATE
PATRICIA J HAGSTROM	OFFICE ADMINISTRATOR	08/19/2024

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.