

EEO QUESTIONNAIRE

Threshold Requirements: Any applicant, recipient, or sub-recipient is required to comply with program requirements in Chapter III if it meets the following thresholds:

- a. Employees 50 or more transit-related employees\*; and
b. Requests or receives capital or operating assistance under Sections 3, 4(i), or 9 of the FTA; assistance under 23 U.S.C. 142(a)(2) or 23 U.S.C. 103(e)(4), or any combination thereof, in excess of \$1 million in the previous Federal fiscal year; or
c. Request and receives planning assistance under Sections 8 and/or 9 in excess of \$250,000 in the previous Federal fiscal year.

Name of Organization \_\_\_\_\_

\_\_\_\_\_ State DOT \_\_\_\_\_ MPO \_\_\_\_\_ Transit Agency \_\_\_\_\_ City

TrAMS ID: \_\_\_\_\_

1. How many employees do you have in your organization? \_\_\_\_\_

2. How many of those employees are \*transit related? \_\_\_\_\_

\*A transit related employee is an employee of an FTA applicant, recipient, or subrecipient who is involved in an aspect of an agency's mass transit operation funded by FTA. For example, a city planner involved in a planning bus routes would be counted as part of the recipient's work force, but a city planner involved in land use would not be counted.

3. How much did your organization receive in capital or operating assistance the previous fiscal year?

\_\_\_\_\_

4. How much did your organization receive in planning assistance the previous fiscal year?

\_\_\_\_\_

5. Does your agency submit an EEO Program? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, what is the date of your last submission? \_\_\_\_\_

6. Do you contract out any of your transit services? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If no, skip to question 7. If yes,

a. What is the name of agency (s)? \_\_\_\_\_

b. How much does the agency receive in capital or operating assistance? \_\_\_\_\_

c. How much does the agency receive in planning assistance? \_\_\_\_\_

d. How many transit employees does the agency have? \_\_\_\_\_

e. Does the agency submit a EEO Program to you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the date of their last EEO submission? \_\_\_\_\_

7. What is the date of your last Triennial Review (If applicable)? \_\_\_\_\_

a. Were there any deficiencies? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, in what area(s) \_\_\_\_\_

\_\_\_\_\_

b. Are any of the deficiencies still open \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, in what area(s)? \_\_\_\_\_

\_\_\_\_\_

8. What is the date of your last State Management review (If Applicable)? \_\_\_\_\_

a. Were there any deficiencies? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, in what area(s) \_\_\_\_\_

\_\_\_\_\_

b. Are any of the deficiencies still open \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, in what area(s)? \_\_\_\_\_

\_\_\_\_\_

9. Has your agency participated in a EEO compliance review? \_\_\_\_\_

If yes,

a. Were there any deficiencies? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, in what area(s) \_\_\_\_\_

\_\_\_\_\_

b. Are any of the deficiencies still open \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, in what area(s)? \_\_\_\_\_

\_\_\_\_\_

I declare (or certify, verify, or state) that the foregoing is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_