## DISTRICT TITLE VI CONTRACTOR EVALUATION FORM

This Title VI Evaluation Form is used for both a Pre-award Review and Post-award Review. The Chesapeake Bay Bridge Tunnel District (District) is required to conduct routine assessments prior to releasing funds to ensure Title VI compliance. A pre- award review assists the District in determining whether applicants operate in a nondiscriminatory manner. Pre-award reviews can also be used to require applicants to take preventive measures to ensure that discrimination will not occur in their services as a condition of receiving contracts. Pre-award reviews represent a frontline approach to eliminating and preventing discrimination before it occurs. Post-Award Reviews are generally conducted after a contractor begins the scope of work. However, to minimize the burden on the District's contractors, a form that serves as both a pre-award and post- award compliance tool is herein provided. The District will also conduct on-site reviews of prime contractors periodically to ensure that the contractor remains in compliance with Title VI and to verify that the contractor has preventive measures to ensure Title VI compliance by their sub-contractors. Name of Preparer: Preparer's Title: Email Address: Phone #: Name of Organization: Address of Organization: Type of Contractor/Organization: Supplier ☐ Private Organization ☐ Governmental Agency  $\square$  Other Workforce for CBBT District Project Total % Minority % Female Business Ownership/Control No  $\square$ Yes 
Yes DBE Certified Yes  $\square$  No  $\square$ Minority Female No  $\square$ **SWAM Certified** Yes \( \subseteq \text{No} \subseteq \text{No} \subseteq Yes No Does your organization currently have contracts or subcontracts with the What is your organization's most recent date of District Title VI approval? Value of current Contract(s): Status of Project(s): What does your organization have in place to ensure nondiscrimination in your CBBT District scope of

work and your programs and services?

## Virginia Workforce CONSULTANT EQUAL EMPLOYMENT OPPORTUNITY WORKFORCE ANALYSIS

Employment at this establishment – Report all permanent full and part-time employees including apprentices and on-the job trainees unless specifically excluded as set forth in the instructions. Enter the appropriate figures on all lines and in all columns. Blank spaces will be considered zeros.

Job Categories	Number of Employees  (Report employees in only one category)														
	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Native Hawaiian Or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian Or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Total Col A-N
	A	В	С	D	Е	F	G	Н	I	J	K	L	M	N	О
Executive/Sir. Level Officials & Managers (1.1)															
First/Mid-Level															
Officials &															
Managers (1.2)															
Professionals (2)															
Technicians (3)															
Sales Workers (4)															
Administrative															
Support Workers (5)															
Craft Workers (6)															
Operatives (7)															
Laborers & Helpers (8)															
Service Workers (9)															
<b>TOTAL</b> (10)															
PREVIOUS YEAR TOTAL (11)															

## Organization, Staffing, & Training

- 1. What type of services will your organization provide the CBBT District?
- 2. Identify the person responsible for the administration of Title VI policies and procedures (a Title VI Coordinator), and provide the name, position, and contact information.

## Title VI/Nondiscrimination

- 1. Is your Title VI Coordinator, project managers, and other staff made aware of Title VI compliance and regulations relative to nondiscrimination in federally-assisted programs of the Department of Transportation (hereinafter, "DOT") Title 49, Code of Federal Regulations, Part 21 and the Federal Highway Administration's 23 Code of Federal Regulations 200? Please explain how they are made aware.
- 2. What procurement procedures does your organization have in place to ensure nondiscrimination in the selection and retention of subcontractors including procurements of materials and leases of equipment? \* Please note N/A is not an acceptable response, please provide a complete answer
- 3. How does your organization notify your subcontractors and suppliers of their obligations under this contract and the Regulations relative to nondiscrimination on the grounds of race, color, national origin, sex, age, disability and low-income populations? \* Please note N/A is not an acceptable response, please provide a complete answer
- 4. Are facilities and meeting areas fully accessible to persons with disabilities?
- 5. Does your organization have a system in place to accommodate persons with disabilities? If yes, how does your organization notify the public? If no, please explain.

  \* Please note N/A is not an acceptable response, please provide a complete answer
- 6. How are limited English proficient persons made aware that they can receive translation services for access to services? \* Please note N/A is not an acceptable response, please provide a complete answer

7.	Has your organization been reviewed by any governmental agencies for compliance with Title VI and other laws and regulations? If yes, provide a copy of the letter identifying the review findings?								
8.	Does your organization receive federal assistance (grants, loans, donations of property, or detail of personnel) from any Federal government entity?								
9.	List any discrimination complaints and/or lawsuits received in Virginia during the reporting period. Include the basis for the complaint (ethnicity, gender, etc.) and summarize the outcome or resolution. If applicable, include a copy of the investigation report.								
Disa	dvantaged Business Enterprises (DBE)								
1.	Did your organization award any contracts/subcontracts related to CBBT District work to DBEs during the reporting period?  Yes No If yes, provide the following:  1. The DBE's name and amount awarded.								
	2. Total # of contracts awarded to DBEs.								
	3. Total dollar amount of contracts awarded to DBEs.								
	I certify that the data given in this report is correct to the best of my knowledge. (Report has to be submitted with original signature, not a photocopy.)								
	Signature:								
	(Authorized Officer) (Title) (Date)								
	For Office Use Only:								
	Provide award? Yes No								
R 	ecommendations:								
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