

Civil Rights Division - No Change Affidavit



Civil Rights Division; Suite 1800 James K. Polk Building; 505 Deaderick Street, Nashville, Tennessee 37243

Telephone Number: 615.741.3681 – Email: <u>TDOT.Title.VIProgram@tn.gov</u>

I. Agency Contact Information		
Town of Ashland City		
Agency Name		
233 Tennessee Waltz Parkway		
Agency Address		
Ashland City, TN	37015	
City/State	Zip Code/County	
(615)792-4211	cityrecorder@ashlandcitytn.gov	
Agency Phone Number	Email	
Kellie Reed	City Recorder	
Title VI Coordinator Name	Title	
www.ashlandcitytn.gov		
Website Address/URL		
I. Affidavit		
	, swear (or affirm) there have been no changes in	
Title VI Coordinator Name Town of Ashland City		
I own of Ashland City Title VI Program, and that the existing Title VI Program is in Agency Name		
	of 49 CFR Part 21 and 23 CFR Part 200 and all applicable	
nondiscriminatory statutory and re	gulatory requirements.	
- I specifically swear (or affirm) that -	Town of Ashland City Agency Name has Title VI Complaint	
	guage in contracts; has Limited English Proficiency Procedures; has the	

required Title VI postings in visible places, and has a Title VI Title VI training within the last three years, 9-6-2019

Training Date

I further swear (or affirm) that the Tennessee Department of Transportation's Civil Rights Division will be notified within 7 calendar days of any Title VI complaints/lawsuits filed with/against

Town of Ashland City

Agency Name





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Т	here has been a change to	Town of Ashland City Agency Name	Title VI Program. Please see
at	tached documentation of	change. (e.g., Title VI Coordinate	or change, agency in receipt of a Title VI
Co	omplaint, etc.).		
I	certify that the above info	mation is true and complete to t	he best of my knowledge and understand tha
kı	nowingly providing false in	oformation could result in the w	ithholding of payments and /or cancellation,
te	ermination or suspension of	of the contract, in whole or in pa	rt.
re su	lated statues and regulations t	o the end that no person shall be exclu r any program or activity receiving fe	e compliance with Title VI of the Civil Rights Act of 196 ded from participation in or be denied benefits of, or b leral financial assistance from the U. S. Department of
III. 7	Fitle VI Assurance		
As re	quired by the contractual	Town of Ashland C agreement,	ty will comply with the
			n federally or state assisted programs of the
Tenn	essee Department of Tran	sportation.	
Town	of Ashland City	assures that no person	shall on the grounds of race, color, or nationa
	Agency Name	-	-
origi	n, as provided by Title VI o	if the Civil Rights Act of 1964 an	d as amended, and the Civil Rights Restoratio
Act o	f 1987 (P.I. 100.259) be ex	cluded from participation in, be	denied the benefits of, or be otherwise
subje	ected to discrimination un	ler any program or activity rece	iving federal financial assistance from the
Tenn	essee Department of Trar	sportation (TDOT).	nland City further assures
			Agency Name
every	y effort will be made to en	sure nondiscrimination in all of i	ts programs and activities, whether those
prog	rams or activities are fede	rally funded or not.	
In th	e event		utes federal financial assistance to a
cons	Age ultant. contractor or subco	ncy Name Intractor and other participants,	Town of Ashland City
inclu	de Title VI nondiscriminat	ion language in all written agree	ements and will monitor the consultant,
conti	ractor or subcontractor an	d other participants for complia	nce. The Title VI Coordinator is responsible
for ir	nitiating and monitoring T	tle VI activities, preparing requi	red reports and other responsibilities as
requ	ired by 23 CFR 200 and 49	CFR 21. As required by the con	tractual agreement,



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Agency Name will comply the applicable laws and regulations relative to

nondiscrimination in federally or state assisted programs of the Tennessee Department of

Transportation (TDOT).

IV. Declaration of Title VI Coordinator

I declare that I have completed this Title VI Compliance Assessment to the best of my knowledge and believe it to be true and correct.

Title VI Coordinator

Date

V. Declaration of Administrative Head

I declare that I have reviewed and approved the information provided in this assessment and to the best of my knowledge and believe it is true, correct and complete.

Administrative Head

Date