If you require assistance accessing this information or require it in an alternative format, contact the Michigan Department of Transportation's (MDOT) Americans with Disabilities Act (ADA) coordinator at www.Michigan.gov/MDOT-ADA.

Michigan Department
of Transportation
0179 (03/2026)

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 St. Joseph County Road Commission			
NAME OF TITLE VI COORDINATOR Brittany Hinn		TITLE Director of Administration & Finance	
ADDRESS 20914 M 86			
CITY Centreville	COUNTY St. Joseph	STATE MI	ZIP CODE 49032
TELEPHONE NUMBER (269) 467-6393	FAX NUMBER (269) 467-4433	E-MAIL ADDRESS bhinn@sjcrc.com	

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.	☐ Yes ☒ No
2. Has your organization had any projects that have Title VI, Limited English Proficiency (LEP), or adverse effects on the community? How many? If yes, what did you do to ensure that those populations are affected by the project had meaningful access to and involvement in the development process?	☐ Yes ☒ No
3. What is the number or percentage of Limited English Proficiency (LEP) individuals or community members who experience adverse effects as a result of the project?	
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?	☐ Yes ☒ No
6. Did you receive any formal or informal Title VI complaints, or lawsuits during this reporting period? If yes, how many, and please provide details regarding each complaint or lawsuit and the resolution.	☐ Yes ☒ No

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. 4
8. Please provide any comments or additional information related to the organization's Title VI Plan.

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

NAME	TITLE	DATE
Brittany Hinn	Director of Administration & Finance	08/20/2026

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 E-MAIL ADDRESS, OR FAX NUMBER TO: (517) 335-0945.

PLEASE SUBMIT THIS FORM BY OCTOBER 5TH OF THE REPORTING YEAR.