

PUBLIC PARTICIPATION SURVEY FORM

PART 1: BACKGROUND INFORMATION



Pursuant to Title VI of the Civil Acts of 1964 and related nondiscrimination authorities, the Maryland Transportation Authority (MDTA) is required to ensure that all citizens have an opportunity to comment and provide feedback on transportation projects, programs and activities that may affect their communities.



To assist our agency in its efforts to comply with Title VI, we are seeking your feedback to the following questions below in order for us to evaluate the effectiveness of our outreach and inclusion efforts. Your participation in this survey is **voluntary** and **anonymous**. All information collected by the MDTA is kept confidential and will be retained solely for statistical data collection purposes only.

PART 2: GENERAL INFORMATION - Please provide the following information (*Voluntary*)

1. Please indicate your gender (sex):

- Male Female Would rather not say

2. Please indicate your age group:

- 20 and under 41-50 Over 65
 21-30 51-60 Would rather
 31-40 61-65 not say

3. Please provide the zip code of your place of residence

4. Please select the ethnic or racial group to which you belong or identify with:

- American Indian / Alaskan Native Hispanic /
 Asian Latino
 Black / African American White
 Hawaiian or Other Pacific Islander
 Two or more races _____
 Other _____
 Would rather not say

5. Please indicate your household \$ income:

- Under \$10,000 \$60,000 - \$69,999
 \$10,000 - \$19,999 \$70,000 - \$79,999
 \$20,000 - \$29,999 \$80,000 - \$89,999
 \$30,000 - \$39,999 \$90,000 - \$99,999
 \$40,000 - \$49,999 \$100,000 & Over
 \$50,000 - \$59,999 Would rather not say

6. Please indicate how you heard about this public event: (Check all that apply)

- Internet Mailing/Flyer Newspaper
 Poster Radio Television
 Advocacy Group (name) _____
 Community Organization (name) _____
 Social Service Agency (name) _____
 Other _____

7. Did you request / need special language assistance to participate in this public event:

- (e.g., Language Translation or Interpretation, Sign Language, Braille or Large print documents, etc.)
 Yes (If yes) please list assistance received _____
 No

8. Did you request / need special accommodations to access or participate in this public event:

- Yes (If yes) please respond to question 8 below
 No

9. If you answered (yes) to question 7, were the special accommodations requested received:

- Yes No

THANK YOU for your participation and input. If you have any questions or need assistance, contact the MDTA Office of Equal Opportunity at (410) 537-5660.

DO NOT COMPLETE BELOW THIS LINE (*To Be Completed by MDTA or Project Staff ONLY*)

Event / Project Name			
Meeting Date / Time			
Meeting Format (<input checked="" type="checkbox"/> Check one)	<input type="checkbox"/> In-Person Meeting	<input type="checkbox"/> Virtual Meeting	
Meeting Location			
Meeting Type (<input checked="" type="checkbox"/> Check one)	<input type="checkbox"/> Public Information Workshop	<input type="checkbox"/> Formal Public Meeting/Hearing	<input type="checkbox"/> Other/Adhoc