

**LIMITED ENGLISH PROFICIENCY GUIDANCE**  
**For CDBG APPLICANTS**

In Compliance with:

- Section 601 of Title VI the Civil Rights Act of 1964 (LEP Statutory Authority) “No person in the United States shall, on the grounds of race, color, or national origin, be excluded from *participation in*, be *denied the benefits of*, or be *subjected to discrimination* under any program or activity receiving Federal financial assistance.”

And

- Executive Order 13166 (Issued in the Federal Register 65 FR 50121 on August 16, 2000) Mandates improved access to federally assisted programs and activities for individuals who, as a result of national origin, are limited in their English proficiency.

Grantees are required to make reasonable efforts to provide language assistance to ensure meaningful access for LEP persons to the contractor’s programs and activities that has any federal financial assistance.

DCED is providing this guide to its grantees of federal financial assistance to aid in the analysis of determining if the beneficiaries of the proposed projects have limited English proficiency. Please use the following template to document your analysis of your program or activity and to determine if the certification can be signed by the grantee as not having an affected population or if a Language Access Plan is required. *DCED will provide additional guidance if necessary.*

**CERTIFICATION OF COMPLETION OF A  
FOUR-FACTOR ANALYSIS  
FOR LIMITED ENGLISH PROFICIENCY PERSONS**

and

**CERTIFICATION OF THE ACTIVITIES TO BE INCLUDED IN THE  
LANGUAGE ACCESS PLAN**

***COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)  
(Includes CDBG Competitive, CDBG-DR, and NSP)***

***For:***

***GRANTEE NAME:*** \_\_\_\_\_

***PROGRAM and CONTRACT # (CDBG/ C0000045678)*** \_\_\_\_\_

***CONTACT PERSON (Name, Telephone Number & E-mail )*** \_\_\_\_\_

**Purpose:**

In compliance with Section 601 of Title VI the Civil Rights Act of 1964 (LEP Statutory Authority) and Executive Order 13166, \_\_\_\_\_ (*Grantee*) has conducted the following Four Factor Analysis for Limited English Proficiency (LEP) persons for the federally funded program listed above.

**History:**

Title VI of the Civil Rights Act of 1964, is the federal law which protects individuals from discrimination on the basis of their race, color, or national origin in programs that receive federal financial assistance. In certain situations, failure to ensure that persons who have limited English proficiency can effectively participate in, or benefit from, federally assisted programs may violate Title VI's prohibition against national origin discrimination. Persons who, as a result of national origin, do not speak English as their primary language and who have limited ability to speak, read, write, or understand English may be entitled to language assistance under Title VI in order to receive a particular service, benefit, or encounter.

Executive Order 13166 (Issued in the Federal Register 65 FR 50121 on August 16, 2000) mandates improved access to federally assisted programs and activities for individuals who, as a result of national origin, are limited in their English proficiency. The order also requires a Language Access Plan for the program or activity if a qualifying population is determined. To determine if there is an affected population of beneficiaries having limited English proficiency, all grantees receiving federal financial assistance must conduct the four-factor analysis as outlined below.

**Grantee Four-Factor Analysis**

The following Four-Factor Analysis serves as the guide for determining which language assistance measures the Grantee will be required to undertake to guarantee access to Grantee's Community Development Block Grant (CDBG) programs by LEP persons.

**Factor one - Methodology:** The grantee must analyze the number or proportion of LEP persons served or encountered in the eligible service area population (served or encountered includes those persons who would be served by the program or activity if the person received education and outreach and the grantee provided sufficient language services).

*Select the paragraph(s) below that best describes your methodology for the analysis by placing a check mark in the box beside the description. Also please fill in the blanks or circle the correct statement were indicated. These paragraphs may be modified or replaced with narrative that more accurately reflects the grantee’s methodology.*

- . The Grantee utilized the PA Census tabulation for persons that speak English “Less than Well” provided by DCED to determine the **county’s** LEP population(s). Based on this data, the Grantee **does/does not** (*chose one*) meet the 1,000 or 5% LEP persons threshold for any language(s) identified.
- . The Grantee utilized the PA Census tabulation for persons that speak English “Less than Well” provided by DCED to determine its **municipalities’** LEP population(s). Based on this data, the Grantee **does/does not** (*chose one*) have any municipalities within its borders that meet the 1,000 or 5% LEP persons threshold for any language(s) identified.
- . The Grantee is administrating the CDBG program **on behalf of:** \_\_\_\_\_ (list other municipalities where federal financial assistance will be used). The grantee utilized the PA Census tabulation for persons that speak English “Less than Well” provided by DCED. Based on this data, \_\_\_\_\_ (OBO municipality) **does/does not** (*chose one*) meet the 1,000 or 5% LEP persons threshold for any language(s) identified.

*(Add additional lines if needed to address all OBO municipalities the Grantee is administering)*

- . Income surveys were conducted to determine eligibility in the program or activity service area. Questions were asked to determine if any LEP persons were located in the potential project area. According to the results of the surveys, there were \_\_\_\_\_ (number) LEP persons located in the proposed project area. The proposed project area has a total population of \_\_\_\_\_ (number). The number of LEP persons affected by the project or activity **does/does not** (*chose one*) meet the 1,000 or 5% LEP persons in the service area threshold for any languages identified.

*(Add additional lines if needed to address all projects or activities the Grantee is administering and used the above LEP analysis methodology)*

- . Local elected officials, clergy, medical personnel, and school administrators were polled by telephone/questionnaire to request input regarding their knowledge of LEP persons within the community and/or proposed project area(s). Based on the results of the telephone poll/questionnaires, there are an \_\_\_\_\_ (estimated number) LEP persons out of \_\_\_\_\_ (total persons benefitting from the program or activity) located in \_\_\_\_\_ (*Grantee or service area name*). This **does/does not** (*chose one*) meet the 1,000 or 5% LEP persons of total service area threshold for any language(s) identified.

*(Add additional lines if needed to address all projects or activities the Grantee is administering and used the above LEP analysis methodology)*

Please list below all municipalities and/ or service areas under this program that qualify as meeting the threshold of 1,000 or 5% LEP person's threshold for any language(s) identified as indicated by the methodology used above. Include the name of the municipality/service area, the language(s) identified, and the number or percentage of persons. For example:

Apple Township

Germanic

16%

If any of the blocks above contains a “does” meet the 1,000 or 5% LEP person threshold for any language(s) identified, the grantee must complete a Language Access Plan for that municipality and may stop further completion of this Four Factor Analysis. Please proceed to the Language Access Plan Certification on page 7 of this guidance. Please submit this page, along with the Language Access Plan Certification with your application.

If the grantee, after completing this section of the analysis, has **all** blocks above marked with “does not” meet the 1,000 or 5% LEP persons threshold for any languages identified, they must continue analyzing their **program or activity** with the following questions.

***Additional Questions to be Answered:***

**Factor two - The frequency with which LEP persons come into contact with the program or activity.**

*Select the paragraph below that best describes the amount of public contact of your program by placing a check mark in the box beside the description. These paragraphs may be modified or replaced with narrative that more accurately reflects the grantee's program or activity.*

- . The proposed program or activities that provide direct assistance to the resident, which would include but not be limited to acquisition, relocation, housing rehabilitation, water/sewer laterals, and public services. Therefore, residents are likely to have considerable direct contact with the program and its staff.
- . The proposed project is a program or activity that does not provide direct assistance to individuals, such as road reconstruction, water/sewer line replacement, and commercial building demolition. As a result, LEP persons are not directly affected by the CDBG program or activity and no direct assistance will be provided to the residents. However, all citizen participation activities are open to the general public and every effort should be made to provide the needed materials to all residents.

If the first block above is marked, the grantee must complete a Language Access Plan for the program or activity and may stop further completion of this Four Factor Analysis. Please proceed to the Language Access Plan Certification on page 7 of this guidance. Please submit all pages of this analysis, along with the Language Access Plan Certification with your application.

If the second block is marked, the grantee must continue on with their analysis of their program or activity.

**Factor three - The nature and importance of the program, activity, or service provided by the program or activity.**

- . The proposed project does provide direct assistance to program and activity service area beneficiaries related to; housing rehabilitation, water/sewer laterals, public services, therefore, the nature of the activity or service is of significant importance to the proposed program and activity area(s) residents.
- . The proposed program or activity does not provide direct assistance to individuals, such as road reconstruction, public facility architectural barrier removal, water/sewer line replacement. As a result, LEP persons may not be as directly affected by the program or activity with the CDBG program. However, all citizen participation activities are open to the general public and every effort should be made to provide the needed materials to all residents.

If the first block above is marked, the grantee must complete a Language Access Plan for the program and may stop further completion of this Four Factor Analysis. Please proceed to the Language Access Plan Certification on page 7 of this guidance. Please submit all pages, along with the Language Access Plan Certification with your application.

If the second block is marked, the grantee must continue on with their analysis of their program or activity.

**Factor four-The resources available and costs to the recipient.**

Currently, internet sites can be utilized to translate some written materials. Additionally, local volunteers have been identified to provide oral translation services at public meetings and during conversations with LEP residents during the implementation of the proposed project. Furthermore, many of the common forms used in the implementation of a CDBG program or activity are available in multiple languages on the HUD and DOL websites. Additionally, translation activities are an eligible CDBG administrative or delivery expense. Therefore, limited LEP measures are reasonable given the resources available to Grantee. So grantees may not use this factor as the only factor determining the need for a Language Access Plan.

Please continue to Certification on the next page.

***Certification of the Completion and Findings of the Four Factor Analysis:***

\_\_\_\_\_ (Grantee) has completed the Four Factor Analysis and has determined that there are **no** items identified from the analysis above for this grantee, program or activity that will trigger the need for a Language Access Plan.

*If the grantee determines that a LAP is not required, then the certification below should be signed and dated by the chief elected official and submitted with their application.*

**Certification:** Based on the above Four-Factor Analysis, the Grantee is **not** required to develop a Language Access Plan. However, the Grantee will make all reasonable attempts to accommodate language access needs of residents requesting oral translation during citizen participation, income surveys and/or direct assistance intake activities including but not inclusive of public hearings, public notices, advertisements, income surveys and direct assistance intake documents.

\_\_\_\_\_  
**Chief Elected Official** (signature and printed)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Attest**

\_\_\_\_\_  
**Grantee Name and Program**

# Language Access Plan Certification

## For

\_\_\_\_\_ (Grantee, Program or Activity)

As a result of the preceding Four-Factor Analysis, \_\_\_\_\_ (Grantee) has identified the following types of language assistance to be provided by the Grantee throughout the implementation of its CDBG program dependent on need:

*Below are the minimum requirements to meet the needs of your identified Limited English Proficiency Populations. Some programs or activities do not require all items to be followed. Those marked "Required" are mandatory of all grantees having any LEP populations in any municipality or within their programs' service areas. Additional activities may be added to meet the needs of the grantees' LEP population(s).*

All CDBG citizen participation materials, public notices, and project-related resolutions, will be published/posted in the LEP language(s) identified, in community newsletters, on bulletin boards at the offices and meeting location of the grantee, on the grantee website and in public places throughout the proposed project area(s) and/or the community, especially those areas with high concentration of the affected population. **Required**

Additionally, all published/posted citizen participation notices will include a statement in the identified LEP language(s) indicating that other "program materials are available in the LEP language(s) upon request". This statement must be in as many languages as has been identified during the grantee's analysis. **Required**

All citizen participation notices will include a statement that translators will be available at public meetings upon at least 72 hours' notice. This will be in the identified LEP language(s) in the English notification and also in the complete LEP language(s)' notification. **Required**

All public notices of income surveys and the income survey itself will be provided in the LEP language(s) identified. **As Needed**

All direct assistance program application documents and outreach materials will be provided in the LEP language(s) identified. **As Needed**

For income surveys in service areas meeting the threshold of LEP and/or direct assistance intakes, if needed, a translator will be retained to provide oral translation at the site of the income survey or intake to assist in filling out the survey/intake documents and explaining the program. The grantee may not require the LEP applicant to provide their own translator, though the applicant may bring someone if they choose. **As Needed**

If other populations of LEP persons are identified in the future, Grantee will provide additional measures to serve the language access needs of those persons. **Required**

The Grantee will complete a Language Access Plan which delineates how these activities will be carried out, by whom, and who will monitor the effectiveness of the activities for possible revision. This Plan once adopted by the grantee must be retain in the grantees' master file and utilized throughout the program.

### ***Adopted:***

\_\_\_\_\_  
**Chief Elected Official** (signature and printed name)

\_\_\_\_\_  
**Attest** (Name and Title)

\_\_\_\_\_  
Grantee and Program

\_\_\_\_\_  
Date