

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](http://www.Michigan.gov/MDOT-ADA).

Michigan Department  
of Transportation  
0179 (03/2026)

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### 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 1<sup>st</sup> through September 30<sup>th</sup>) must be reported on this form. Please attach additional pages, as necessary, to provide a complete response to each question.

|                                                                                                                                                                                                                                                                                                           |                              |                                          |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------|---------------------------------------------------------------------|
| NAME OF ORGANIZATION<br>OCEANA COUNTY ROAD COMMISSION                                                                                                                                                                                                                                                     |                              |                                          |                                                                     |
| NAME OF TITLE VI COORDINATOR<br>RENEE CURTIS                                                                                                                                                                                                                                                              |                              | TITLE<br>ASSISTANT MANAGING DIRECTOR-CFO |                                                                     |
| ADDRESS<br>3501 W. POLK ROAD, P.O. BOX 112                                                                                                                                                                                                                                                                |                              |                                          |                                                                     |
| CITY<br>HART                                                                                                                                                                                                                                                                                              | COUNTY<br>Oceana             | STATE<br>MI                              | ZIP CODE<br>49420                                                   |
| TELEPHONE NUMBER<br>(231) 873-4226                                                                                                                                                                                                                                                                        | FAX NUMBER<br>(231) 873-7123 | E-MAIL ADDRESS<br>RCURTIS@OCEANACRC.ORG  |                                                                     |
| 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.                                                                                                         |                              |                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? |                              |                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?                                                                                                                                      |                              |                                          | n/a                                                                 |
| 4. How many public involvement meetings did you hold during the reporting period?                                                                                                                                                                                                                         |                              |                                          |                                                                     |
| 5. Did you provide language assistance at any of your public meetings during the reporting period? How many persons received this assistance?                                                                                                                                                             |                              |                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.                                                                                             |                              |                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

n/a

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

n/a

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<br> | TITLE<br>Managing Director | DATE<br>09/23/2026 |
|---------------------------------------------------------------------------------------------|----------------------------|--------------------|

If you have any questions regarding Title VI, contact: MDOT Title VI Coordinator (517) 241-7462, or [MDOT-TitleVI@Michigan.gov](mailto: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.

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Michigan Department  
of Transportation  
2067 (08/2025)

**PUBLIC ACT 51, SECTION 18j, MCL 247.668j**  
**Annual Certification of Employee-related Conditions**

**CERTIFICATION YEAR:** 2026

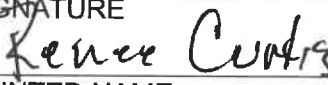
COUNTY ROAD AGENCY NAME

OCEANA COUNTY ROAD COMMISSION

Beginning September 30, 2015, and annually each September 30 thereafter, certification must be made for compliance to Section 18j(1) of Public Act 51 of 1951, MCL 247.668j(1). A local road agency must certify that it has (a) developed an employee compensation plan for its employees as described OR (b) the local road agency must certify that medical benefits are offered to its employees or elected public officials in compliance with the publicly funded health insurance contribution act, 2011 PA 152, MCL 15.561 to 15.569, or, that it does not offer medical benefits to its employees or elected public officials.

- ☐ Compliance with (1)(a)  
I certify compliance with MCL 247.668j(1)(a).  
Our compensation plan for employees meets the minimum criteria of MCL 247.668j (a)(i - iv).
- ☒ Compliance with (1)(b)  
I certify compliance with MCL 247.668J(1)(b), and as such, offer one of the following:
- ☒ I certify that medical benefits are offered to employees or elected public officials in compliance with the publicly funded health insurance contribution act, 2011 PA 152; or
- ☐ I certify that the local road agency has exempted itself from the publicly funded health insurance contribution act, 2011 PA 152; or
- ☐ I certify that medical benefits are not offered to employees or elected public officials.
- ☐ Non-compliance with (1)(a) or (1)(b)  
I certify that we are not in compliance with MCL 247.668j(1).  
I understand that failure to comply with certification of (a) or (b) of MCL 247.668j(1) may result in the withholding of all or part of the distributions made to this local road agency from the Michigan Transportation Fund.

This form must be signed by the Chairman of the County Road Commission or the County Executive and the Chief Financial Officer of the County Road Agency.

|                                                                                                  |                   |                                                                                                   |                 |
|--------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------|-----------------|
| SIGNATURE<br> |                   | SIGNATURE<br> |                 |
| PRINTED NAME<br>RENEE CURTIS                                                                     |                   | PRINTED NAME<br>MARK TIMMER                                                                       |                 |
| TITLE<br>ASST MANAGING DIRECTOR-CFO                                                              | DATE<br>9-21-2024 | TITLE<br>MANAGING DIRECTOR                                                                        | DATE<br>9-22-26 |

**Due Each September 30**

Return the completed form to:

E-mail: [MDOT-Outreach@Michigan.gov](mailto:MDOT-Outreach@Michigan.gov) OR Fax Number: (517) 335-1828