

Limited English Proficiency Sample Plan

Name Grantee:	County of Webb
Community Population:	15,063
LEP population:	12,803.55
Languages spoken: 1) by more than 5% of the eligible population or beneficiaries and has more than 50 in number; or 2) By more than 5% of the eligible population or beneficiaries but has less than 50 or less in number; or 3) By more than 1,000 individuals in the eligible population in the market area or among current beneficiaries.	English and Spanish

Program activities to be accessible to LEP persons:	
<input type="checkbox"/>	Public Notices and hearings regarding applications for grant funding, amendments to project activities, and completion of grant-funded project
<input type="checkbox"/>	Publications regarding TxCDBG application, grievance procedures, <i>complaint procedures, complaint procedures, answers to complaints, notices, notices of rights and disciplinary action</i> , and other vital hearings, documents, and program requirements
<input type="checkbox"/>	Other program documents: _____

Resources available to Grant Recipient:	
<input type="checkbox"/>	Translation services: Translation services are always made available at all Public Hearings/Meetings.
<input type="checkbox"/>	Interpreter services: Interpreter services are always made available at all meetings and Public Hearings.
<input type="checkbox"/>	Other resources: _____ _____

Language Assistance to be provided:	
<input type="checkbox"/>	Translation (oral and/or written) of advertised notices and vital documents for: Public Notices, Amendments to Project Activities, & Completion of grant-funded projects.
<input type="checkbox"/>	Referrals to community liaisons proficient in the language of LEP persons Webb County Community Action Agency
<input type="checkbox"/>	Public meetings conducted in multiple languages: Public Meetings are conducted in English and Spanish.
<input type="checkbox"/>	Notices to recipients of the availability of LEP services: Included in all Public Hearing Notices
<input type="checkbox"/>	Other services: _____

Signature - Chief Elected Official or Civil Rights Officer
Date: _____