

UNIFIED GRANT APPLICATION

PUBLIC HEARING RECORD

Important – A public hearing MUST be conducted whether or not requested by the Public.

Section 5311 (including ADTAP), 5310, 5339, 5307 and applicable State funding, or combination thereof.

APPLICANT: County of Rutherford

DATE: September 8, 2025

PLACE: 289 N. Main Street, Rutherfordton, NC 28139

TIME: 6:00 PM

How many BOARD MEMBERS attended the public hearing? 5

How many members of the PUBLIC attended the public hearing? 30

Public Attendance Surveys

☐ (Attached)

☒ (Offered at Public Hearing but none completed)

I, the undersigned, representing (Legal Name of Applicant) _____ do hereby certify to the North Carolina Department of Transportation, that a Public Hearing was held as indicated above and

During the Public Hearing

☒ (NO public comments)

☐ (Public Comments were made and meeting minutes will be submitted after board approval)

The estimated date for board approval of meeting minutes is: _____

Signature or Clerk to the Board

Printed Name and Title

Date

Affix Seal Here

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VOLUNTARY TITLE VI PUBLIC INVOLVEMENT

Title VI of the Civil Rights Act of 1964 requires the North Carolina Department of Transportation (NC DOT) to gather statistical data regarding participants and beneficiaries of the agency's federal-aid programs and activities. NC DOT collects information on race, color, national origin and gender of the attendees to this public meeting to ensure the inclusion of all segments of the population impacted by a proposed project.

NCDOT wishes to clarify that this information gathering process **is completely voluntary** and that you are not required to disclose the statistical data requested to participate in this meeting. This form is a public document used to collect data, only.

The completed forms will be held on file at the North Carolina Department of Transportation. For Further information regarding this process please contact the NCDOT Title VI Program at telephone number 919.508.1808 or email at titlevi@ncdot.gov.

Project Name:		Date:
Meeting Location:		
Name (please print)		Gender: ☐ Male ☐ Female
General ethnic identification categories (check one)		
☐ Caucasian	☐ Hispanic American	☐ American Indian/Alaskan Native
☐ African American	☐ Asian/Pacific Islander	Other: _____
Color:		National Origin:

After completing this form, please fold and place it inside the designated box on the registration table.

Thank you for your cooperation.