Local Agency LEP Plan

I. Purpose

The purpose of this Limited English Proficiency plan is to outline the methods and system that will utilize to ensure
that their clients are being provided meaningful access to program information, benefits
and services although the clients may be limited in their English Language Proficiency.
The Oregon Food Bank Network understands its responsibility to provide
meaningful access to all individuals applying for or receiving services/benefits administered by, supervised by, authorized by and/or participated in by Oregon Food
Bank, the Oregon Food Bank Network of Regional Food Banks and their local agencies.
Meaningful access involves the Oregon Food Bank Network promoting effective
communication to LEP individuals seeking or receiving services, benefits or participation
in programs funded in part by federal funds and/or receiving TEFAP commodities. This
plan provides necessary assurances and identifies tools being used to carry out this policy.
II. Federal Authorities
• Title VI of the Civil Rights Act of 1964, 42 U.S.C. §2000 et seq.; 45 CFR §80, Nondiscrimination based on race, color or national origin for any programs receiving federal financial assistance. Failure to provide meaningful access to program information, benefits and/or services due to an applicant/recipient's LEP is considered discrimination based on national origin.
• U.S. Department of Justice Title VI Legal Manual, January 11, 2001 edition
 U.S. Department of Labor Policy Guidance on the Prohibition of National Origin Discrimination as it Pertains to Persons with Limited English Proficiency (05/29/03), Federal Register, Volume 68, Number 103, Page 32289-32305
III. LEP Population
has determined that the languages other than
English that are most likely to be encountered by employees/volunteers of the agency are:

IV. Plan for Providing Services to LEP Population

(Check any that are applicable and specify where necessary)				
	Bi-lingual Employees/Volunteers			
	Volunteer Interpreters			
	Intake Cards			
	Allow client to shop/visually select food items			
	Telephone Interpreting Services			
	Name of Service			
	Agreement with Educational Institution			
	Name of Institution			
	Written materials translated into multiple languages			
	Other			
	an for Providing Outreach to LEP Population any that are applicable and specify where necessary)			
	Brochures/ Flyers			
	Local Newspaper/Radio			

	Referrals from other agencies	
	Name of agency	Contact Info
	Contact Hours	
	Listing in local service guide	
	Website	
	Other	
Signe	ed.	
Signe	Agency Director/Manager	Title
	Printed Name	Date
	Name of Agency	Street Address
	City, State, Zip Code	Telephone Numb