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## Introduction

### What is the SCAT Tool?

**BlackCat Grant Management System** offers the Sub-Recipient Compliance Assessment Tool (SCAT) which is an assessment used to ensure that cities, counties, planning agencies and other recipients of Federal-Aid Highway Program funds are complying with the Title VI of the Civil Rights Act of 1964 and other nondiscrimination authorities.

### This User Guide

This user guide will assist users with the efficient use of the SCAT Tool. This guide will walk you through each step of the SCAT Assessment process, to include starting a new assessment, submitting an assessment, and performing any corrective action if your assessment is returned as well as viewing your organization's SCAT Certification Status.

If immediate technical help or support is needed, please contact your BlackCat Project Management Team. You have access to the Project Management team for all your needs.

**Note:** Due to differences between internet browsers, your view may differ slightly from the view in the screenshot utilized to create this manual. While internet browsers may cause a variation in look and feel, all systems components should continue to function in all internet browsers.

**Disclaimer:** All screenshots in this guide are from our test site and while the names and data may be familiar, the information is test information we have entered and is not accurate.

## **Organization SCAT Status**

• The Organization SCAT Status can be viewed under the Organizations tab by selecting your Organization and then selecting the SCAT Tool from the left menu.



## Starting a New SCAT Assessment

• Select the Organizations Tab

Dashboard	Applications 🤇	Organizations	Agreements	Local Agency Contracts	Review	Resources	Reports	MPO Documents

### • Select an Organization

Organiza <sup>:</sup> Organizatio	tion Listing				
Add New					-
	Name	System Org Type	State Parent	FDOT District	Status
Clear Filters		T		T	T
Select	Florida Department of Transportation	State			Active
Select	Town of Bell	Local Agency	Florida Department of Transportation	Florida Department of Transportation	Active
Select	Town of Belleair	Local Agency	Florida Department of Transportation	District 7	Active
Select	Town of Belleair Shore	Local Agency	Florida Department of Transportation	District 7	Active
Select	Town of Branford	Local Agency	Florida Department of Transportation	District 2	Active

### • Select SCAT Tool

	Organization Overview
	Contacts
	Required Documents
	Certification Status
(	SCAT Tool

#### Select Start New Assessment



- Complete the twelve Item Checklist. The checkmark next to each number item will turn green when you have completed your response. At any time, you may save your assessment and return to complete it later.
  - 1. Enter the response date and upload your completed FDOT Title VI/Nondiscrimination Assurance to GAP.



2. Post your agency/organization's written Title VI/Nondiscrimination Plan to your website and provide your website address.



3. Select Yes or No in relation to the DOJ/DOT Technical Assistance Memo. If Yes a green checkmark will appear. If No, an explanation is required in the text box then a green checkmark will appear.



# 4. Part 1 - Select Yes or No in relation to use of the Florida Greenbook/FDOT Design Manual in design and construction.

4. Subrecipients of Federal-Aid Highway Program funds must comply with the ADA in all aspects of design and construction. Florida laws and rules require use of the Florida Greenbook design standards when planning, designing, and constructing transportation facilities for projects located on local roadways. Federal-Aid Highway Program funded projects require use of the FDOT Design Manual (FDM) when designing and constructing projects located on the State or National Highway Systems. Both the Florida Greenbook and the FDM meet or exceed the 2010/2006 ADA Standards for Transportation Facilities and/or the Public Rights of Way Accessibility Guidelines (PROWAG).	● Yes ○ No
 Check the box to confirm your agency meets minimum design standards as required by Florida laws and rules.	

#### 4. Part 2 - Select Yes or No in relation to design exception and/or variation process.

۲	Select to confirm your agency complies with the design exception and/or variation process in instances of	● Yes ○ No
	technical infeasibility.	

5. Select Yes or No in relation to posting an ADA Transition Plan.

$\bigcirc$	5. Has your agency completed and publicly posted an ADA $\odot$ Yes $\bigcirc$ No
	Transition Plan for the accessibility of pedestrian facilities
	within your public rights of way? (Note, this is a
	requirement of all government agencies with 50 or more
	employees, regardless of funding source. See 28 CFR
	35.105 and 150(d)).

6. Select the name of your Title VI/Nondiscrimination and ADA coordinator in GAP from the dropdown menu.

۲	6. Enter (or verify) the name(s), title and contact	A. Person
	and ADA Coordinator(s) in GAP.	A. Person

\* If your coordinator's name does not appear in the dropdown menu select Add New User.

6. Enter (or verify) the name(s), title and contact information of your agency's Title VI/Nondiscrimination and ADA Coordinator(s) in GAP.	A. Person
--	-----------

This will take you to a Florida GAP pop-up to add a New User's name and contact information as well as system access. Choose ADA Coordinator or Title VI Officer as the Contact Type. Complete all fields and select Save.

User:		
<ul> <li>Contact Types</li> </ul>		
ADA Coordinator Agency Project Manager Agency Staff CEI Chief Executive City/County Manager Consultant DBE Liaison EEO Coordinator Engineer of Record Environmental Finance/ Accounting Grant Manager	MPO Planning Liaison Other Permits Primary Point of Contact Prime Contractor Program Administrator Program Manager Rail Residential Coordinator Responsible Charge Safety Engineers SRTS Coordinator	

Main Phone   Number:     Alternative   Phone   Number:   Main Email:     Alternative   Email:     Alternative   Email:     Notes:     System Access Information     Allow access   Yes   No   to the   system?   User Name:   Status:   Active   Inactive     Delete					6
Alternative   Phone   Number:   Main Email:   Alternative   Email:   Notes:   System Access Information   Allow access   Yes   No   to the   system?   User Name:   Status:   Active   Inactive   Delete	Main Phone Number:	()	Ext:	Enter 10 digits no hyphens	
Main Email:   Alternative   Email:   Notes:     System Access Information     Allow access   Yes   No   to the   system?   User Name:   Status:   Active O Inactive     Save   Cancel   Delete	Alternative Phone Number:	()	Ext:	Enter 10 digits no hyphens	
Alternative   Email:   Notes:     System Access Information     Allow access   Yes   No   to the   system?   User Name:   Status:   Active O Inactive     Save   Cancel   Delete	Main Email:				
Notes:     System Access Information     Allow access Ores Ores Ores Ores Ores Ores Ores O	Alternative Email:				
System Access Information Allow access  Yes No to the system? User Name: Status:  Active  Inactive Delete	Notes:				
Allow access O Yes O No to the system? User Name: Status: O Active O Inactive Save Cancel Delete			11		
User Name: Status: O Active O Inactive Save Cancel Delete	System Access	5 Information			
Save Cancel Delete	System Access Allow access to the system?	S Information			
Save Cancel Delete	System Access Allow access to the system? User Name:	S Information			
Save Cancel Delete	System Access Allow access to the system? User Name: Status:	S Information  Yes No  Active Inaction	ve		
	System Access Allow access to the system? User Name: Status:	S Information	ve		
	System Access Allow access to the system? User Name: Status:	S Information	ve		

A pop-up box will confirm the New User has been added and their name will now appear in the dropdown list for coordinator contact. If you do not see this confirmation statement, you might have missed a mandatory field. Review the records and complete.

New user added	
	New user added. Close modal to refresh user list.

7. Select Yes or No in relation to discrimination complaints. If Yes, provide an explanation in the text box.

۲	7. Has your agency been the subject of discrimination complaints (race, national origin, color, sex, age, disability, religion or family status) during the past three years? (Note, this excludes employment discrimination complaints).	● Yes ○ No
	If yes, briefly explain of complaint, dates and disposition, if any:	If Yes, explain here

## 8. Select <u>at least two</u> ways that your agency/organization advises the public of nondiscrimination policies.

	8. How does your agency advise the public of	☑ Web Page
	nondiscrimination policies or other similar information? Electronic or web-based posting alone is insufficient.	Social Media
		Postings in Public Buildings
	Check a minimum of two that apply to your agency:	Public Meetings
		Publications/Media
		□ Other sources

# 9. Select <u>at least one</u> source for collection and review of demographic data on those affected by your agency/organizational decisions.

### 10. Select Yes or No in relation to language services.

$\bigcirc$	10. Has your agency completed a written plan for	● Yes ○ No
	providing language services to those who do not speak	
	English proficiently, based upon analysis of the four	
	factors described in Executive Order 13166 and related	
	directives? (For more information or resources visit	
	www.lep.gov).	

#### 11. Select <u>at least one</u> form of outreach to the indicated populations.

0	11. A cornerstone of nondiscrimination is robust public involvement in recipient decision making regarding its programs, services and activities. Indicate how your agency provides outreach to and solicits input from minority, low	<ul> <li>Targeted public involvement of these communities</li> <li>Committees or advisory groups representing these communities (may include religious or social organizations).</li> </ul>	
	income, elderly and disabled populations within your jurisdictional boundaries?	Community Development Department within the agency serving these communities	
	Check all that apply:	Community Development Offices	
		□ Other	

12. Select the reason your agency/organization is completing the SCAT form.

$\bigcirc$	12. My agency is completing this SCAT form to:	$\bigcirc$ Request for LAP Certification (3 years)
		Request for LAP Re-Certification (3 years)
		$\bigcirc$ Request for LAP Certification (Project Specific)
		$\bigcirc$ Comply with a request by FDOT and/or FHWA

• Once all checklist items have a green checkmark the **Submit Assessment** button will appear. Note that the ability to submit an assessment depends on assigned user roles.



## Submitting Corrective Action

If an organization has submitted a new assessment and after the review the determination is Yellow or Red the organization will then submit the corrective action to move the assessment forward.

- The Review Determination is located on the bottom right-hand corner. The review determination can be three (3) different colors:
  - Green: All responses accepted
  - Yellow: One or more responses not accepted; critical responses accepted
  - Red: One or more critical responses not accepted; other responses may also be not accepted

Save Corrective Action	Submit Corrective Action	Review Determination =

• For any checklist items which are returned there will be a required box for Corrective Action. At any time, you can Save Corrective Action and return to complete later. Once all checklist items have been addressed select the Submit Corrective Action button.

Return Accept	10. Has your agency completed a written plan for providing language services to those who do not speak English proficiently, based upon analysis of the four factors described in Executive Order 13166 and related directives? (For more information or resources visit <u>www.lep.gov</u> ).	● Yes ○ No
	Comment: Agency lacks a Limited English Proficiency (LEP) plan that analyzes the four factors with up-to-date language demographics from the US Census American Community Survey (ACS). (YELLOW)	Scott Entin 1/16/2024
	Corrective Action: Enter Corrective Action	

Save Corrective Action

Submit Corrective Action

• After the Corrective Action has been submitted the review process begins again. This can be completed as many times as needed until the process is complete.

## **Organization Assessment – SCAT Assessment**

• You can also check an agency/organization's Certification Status on the left-hand tab. This record will be automatically generated for review certifications which reach Review Determination = Green.

Organization Overview	Organizat	Organization Information						
Contacts	Town of F	sell						
Required Documents	3240 Wes	3240 West Railroad Lane Bell, Florida 32619		Primary Contact:				
Certification Status	Bell, Florid			Title:				
certification status	(850) 584-	-7161		Email:				
SCAT Tool	www.towr	nofbellflorida.com		Phone:				
	Add	Title	Paview Date	Accurance Evolution Date	Dicklouel	Pick Poviow Date		
	Add	Title	Review Date	Assurance Expiration Date	RiskLevel Elevated	Risk Review Date		
	Add Select	Title Red	Review Date	Assurance Expiration Date 05/13/2021	RiskLevel Elevated	Risk Review Date		
	Add Select Select	Title Red Red	Review Date	Assurance Expiration Date 05/13/2021 05/13/2021	<b>RiskLevel</b> Elevated Elevated	Risk Review Date		
	Add Select Select Select	Title Red Red Green	Review Date 01/18/2024	Assurance Expiration Date 05/13/2021 05/13/2021 01/18/2027	<b>RiskLevel</b> Elevated Elevated	Risk Review Date		

## Generating a SCAT Report

• To generate a SCAT Report, select the **Reports** tab.

				and the second				
Dashboard	Applications	Organizations	Agreements	Local Agency Contracts	Review	Resources	Reports	MPO Documents
-								

• Under the Organizations heading select **Generate** next to Subrecipient Compliance Assessment (SCAT) Report.

Organizations	
Organizations	Generate
Certification Report	Generate
Subrecipient Compliance Assessment (SCAT) Report	Generate

• Complete all required components in the pop-up box and select Generate.

🖻 Florida GAP - Google Chroi	me	_		$\times$
a.flgap.com/Reports	;/ParamsPages/ScatReport.aspx			
Subrecipient Complia	nce Assessment (SCAT) Report			
FDOT District:	All		~	
FDOT County:	All		~	
Organization:	All		~	
Certification Type:	All		~	
Certification Status:	All		~	
SCAT Submit Date:	mm/dd/yyyy			
SCAT Review Date:	mm/dd/yyyy			
Review Status:	All		~	
Export Format:	XLS		~	
(	Generate			

• This will create a download of your organization's report.



• Select the download to view the SCAT Report.

Subrecipient Compliance Assessment (SCAT) Report District(s): District 2 County(ies): All Counties Organization(s): Town of Bell							
SCAT Submitted Date Range: -							
SCAT Review Date Range: -							
Certification Type(s): All Certification Types							
Certification Status:All Status							
District: 62							
Local Agency Name	Created Date	Submitted Date	Review Date	Certification Type	<b>Reviews Process</b>	<b>Review Status</b>	
County:Gilchrist							
Town of Bell Town of Bell Town of Bell Town of Bell	1/18/2024 1/18/2024 1/19/2024 1/18/2024	1/18/2024	1/18/2024	New New New Comply with a request by FDOT and/or FHWA	Returned 1 time(s)	Created Created Created Accepted	
Data Source: BlackCat Transit Data Management System							Printed: 1/19/2024 1:46:52 PI