

SECTION 504 PROGRAM DISABILITY/ACCESSIBILITY COMPLIANCE

504 Compliance Officer Contact

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Section 504 Rehabilitation Act Compliance

West Virginia CDBG, CDBG-CV, CDBG-MIT, and CDBG-DR grantees are required by Federal law and program regulations to conduct a self-evaluation of accessibility to determine if their current programs, services, facilities, policies, and practices meet the requirements of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA). This means that a CDBG program must be accessible to a person with any type of a disability covered under these Acts. A grantee must have a designated Section 504/ADA Coordinator.

CDBG SECTION 504 SELF-EVALUATION

FOR SECTION 504/ADA ACCESSIBILITY & DISABILITY COMPLIANCE

The following technical assistance questionnaire is separated into four sections.

- Grantees who have less than 15 full time employees need only complete Part I, Part IV.
- Grantees that employ 15 or more full time employees are required to complete Part I, Part II, and Part III; and Part IV, and,
- All grantees are required to complete the relevant portions of this questionnaire and maintain this information in the Citizen Participation file for public review and on-site monitoring by CDBG monitoring staff. Please submit a copy to CDBG@wv.gov for CDBG and CDBG CV, CDBGmitigation@wv.gov for CDBG MIT.

Sample 504 Plan for Grantees

GENERAL INFORMATION (To be completed by all grantees)

Name of Organization: _____

Designated 504 Point of Contact: _____ Email: _____

Number of Employees: _____

Description of Programs and Services:

Part I (To be completed by all grantees)

1. Briefly, describe your community's programs and services, including their purpose, scope, activities, and participants. The following includes examples of programs, services, and facilities you might provide that would be covered under one or both Acts:

- a. Water and sewer service, or other municipal utilities such as electricity, natural gas, etc.
- b. Parks and Recreation programs
- c. Transportation infrastructure (streets, sidewalks, public transit, etc.)

2. Provide a brief description of the various policies that direct the operation of the programs and services you listed. Identify any current exceptions, special provisions, or separate programs designed for persons with disabilities.

3. Identify any program qualifications, eligibility, admission requirements, or licensing standards that an individual must meet that might negatively affect individuals with disabilities. For each item answered that appears to have a negative effect, include a description of action(s) planned to reduce or eliminate the disparate impact.

a. Do you currently provide a qualified disabled individual the opportunity to participate in, or benefit from, the aid, benefit, or service you provide? Examples might include accessibility to the spectator seating area at the city's baseball field, or the rodeo arena at the county fairgrounds.

b. Do you provide opportunities for participation or benefit to the disabled, equal to opportunities afforded the population at large?

c. Do you avoid providing different or separate aids, benefits, or services to a qualified individual with a disability unless proven necessary to make them as effective as the aids, benefits, or services provided to others?

d. Do you exercise due diligence to avoid assisting or contracting with any persons or entities that are known to discriminate based on disability?

e. Do you allow qualified disabled individuals a full opportunity to participate in all local policy planning or advisory boards? This includes providing reasonable accommodations in the scheduling of time and/or location of meetings, use of auxiliary aids including guide dogs, etc.

4. In the area of employment, describe your policies, practices, or procedures followed to ensure nondiscrimination based on disability in:
- a. Public advertising of vacant positions and other job opportunities
 - b. Processing and review of applications
 - c. Testing and minimum requirements as a condition of employment
 - d. Interviewing, including responding to requests for accommodation and use of nondiscriminatory questions.
 - e. Promotion/demotion, layoff/reinstatement, or transfer, including changes in compensation resulting from these actions
 - f. Job assignments/classifications and nondiscriminatory treatment by supervisory personnel
 - g. Access to benefits, including policies on use of vacation and sick leave, unpaid leave of absence, and compensatory time. Also include opportunities for training, attendance at conferences, or other supported activities, including recreational or social programs, health and insurance benefits, etc.
 - h. Process for considering a request for a reasonable accommodation on the job, including method of determining whether an individual with a disability can perform the essential functions of a particular job with or without a reasonable accommodation

5. To ensure that your communication with disabled applicants, participants, and members of the public are as effective as communications with non-disabled individuals, the grantee should address the following:

a. If any written materials are produced on a program or service, indicate whether the following alternative formats are provided:

1. Audio tape	Yes	No
2. Braille	Yes	No
3. Reader	Yes	No
4. Aide	Yes	No
5. Mailed to home	Yes	No
6. Large print format	Yes	No
7. Interpreter	Yes	No
8. Other assistance	Yes	No

b. Are electronic documents and websites compliant with the Section 508 Amendment to the Rehabilitation Act of 1973?

c. How would a disabled person learn about these auxiliary aids and services, and how could they request such assistance from you?

d. How will you ensure that meetings, hearings, and conferences are accessible for individuals with communication disabilities?

e. Do you currently offer TDD (telecommunication device for the disabled) access within your communications system?

f. Is 911 or E-911 emergency service offered within your jurisdiction? If so, is there a TDD connected to your system?

g. Do you have a toll-free phone number to access services and programs? If so, is it usable by persons with hearing impairments?

h. Do you have any public telephones located within your facilities? If so, is at least one phone hearing aid compatible?

i. If you determine that equally effective communication cannot be provided, you must include a statement in your self-evaluation explaining why the service, program, or activity would be fundamentally altered or result in undue financial and administrative burdens. You must also include a description of alternative actions that will be taken to provide the benefits or services to the maximum extent possible.

Part II (To be completed by grantees with 15 or more employees)

1. Do you have a policy regarding non-discrimination based on disability that follows CDBG requirements?

Yes No

If you answered No to this question, you may contact the CDBG office for a sample policy and initial notice. If you answered Yes to this question, have you published a notice regarding this policy? (Please include the publication date.)

2. Is a copy included in the appropriate project files with your self-evaluation and other related documentation?

Yes No

3. Does your Notice of Nondiscrimination include the following:

a. Contact information for your 504/ADA coordinator Yes No

b. How to request auxiliary aids or other services Yes No

c. That alternative formats are available Yes No

d. That a complaint grievance procedure has been adopted Yes No

4. Do you have a grievance procedure? Yes No

If you answered No, then you must adopt one for successful completion of this project. A sample copy is attached to the end of this document.

If you answered Yes, does it include the following?

a. A statement allowing an individual to submit a grievance in alternative formats Yes No

b. A time limit for filing a grievance procedure Yes No

c. Information on how to also file a complaint through appropriate State or Federal agencies Yes No

Please complete the attached Section 504 Transition Plan Outline for EACH publicly owned or publicly leased facility in your jurisdiction.

I have reviewed the above self-evaluation and believe it to be accurate as of this date.

Signature, Chief Elected Official

Date:

Part III Section 504 Accessibility Transition Plan

Organization Name: Section 504 transition Plan Format						
Original Plan Date:	Revision Date:	Revision Date:	Revision Date:	Revision Date:	Revision Date:	Revision Date:
Please list your organization's plan for implementing structural, procedural or policy changes identified in your Section 504 Survey. Please include all action items to be taken by your organization to obtain compliance with Section 504. If any action item cannot be completed within a reasonable time frame due to budget constraints, please indicate this in the comment's column by that action item. Note: If action item is structural, please indicate the facility location address in the Action Description. For procedural and policy actions, if the action item relates to a specific program please include the name of the program or service in the Action Description.						
Action Type (Structure, Procedural, or Policy-Related)	Action Description	Person Responsible for Implementation	Projected Start Date for Action	Projected Completion Date for Action	Projected Cost for Completing Project	Comments
Ex. <i>Structural</i>	Modify bathrooms for handicapped accessibility. Location: 101 Main	John Smith	1-Jan-21	1-Aug-21	\$2,345.00	Construction will be delayed until funds are committed.

PART IV - MUST BE COMPLETED BY ALL SUBRECIPIENTS

1. What steps have been taken to consult with interested persons, including disabled persons or organizations representing disabled persons, in achieving compliance with Section 504?

Disabled staff within organization consulted

Name of person consulted: _____ Date of consultation: _____

Disabled program participants or beneficiaries consulted

Name of person consulted: _____ Date of consultation: _____

Organization(s) representing disabled persons consulted

Organization consulted: _____ Date of consultation: _____

Name of person consulted: _____ Date of consultation: _____

2. Describe any alterations that need to be made within facilities or program design as a result of consultation:

CERTIFICATION OF SELF-EVALUATION SURVEY

To the best of my knowledge and belief, the statements made in this self-evaluation are true and correct and this document has been reviewed and authorized by the board of the organization that I represent.

Printed Name of Authorized Official

Title

Signature of Authorized Official

Date

Alternative Accessibility Standard Allowed Under Section 504 of the Rehabilitation Act of 1973

On May 27, 2014, HUD announced an alternative accessibility standard to the Section 504 accessibility standard. It announced that developers may use the American with Disabilities Act (ADA) 2010 Standards for accessible design as an alternative to the Uniform Federal Accessibility Standards (UFAS) when undertaking new construction or alterations to existing structures on or after May 23, 2014, except for specific design provisions where the UFAS standard affords greater accessibility.

Under Section 504, HUD requires that its programs or activities that are paid for with HUD funds be readily accessible to and usable by persons with disabilities. Section 504 prohibits discrimination based on disability in any program or activity that receives Federal financial assistance from the Department. Section 504 specifically prohibits the denial of benefits of, exclusion from participation in, or other discrimination against qualified individuals with disabilities in Federally assisted programs or activities because a grantee's facilities are inaccessible to or unusable by individuals with disabilities. The regulation requires that the design, construction, and alteration of projects meet physical accessibility requirements.

Prior to May 27, 2014, this meant compliance with the UFAS accessibility standards when using HUD funds. Now, it means that the 2010 ADA Standards may be used as an alternative, except where the UFAS standards provides for greater accessibility.

For more information go to: www.hud.gov.

VIII-24 SECTION 504/ADA (SAMPLE) GRIEVANCE PROCEDURE

The City/County of _____ has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the Americans With Disabilities Act (ADA) and implementing Section 504 of the Rehabilitation Act of 1973 as amended (29 U.S.C. 794). Section 504 states, in part, that “no otherwise qualified individual with a disability.....shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

1. Complaints should be addressed to _____, who has been designated by the City/County to coordinate Section 504/ADA compliance efforts. Complaints should be filed in writing or verbally, contain the name and address of the person filing it, and briefly describe the alleged violation of the regulations.
2. A complaint should be filled within 10 days after the complainant becomes aware of the alleged violation. (Processing allegations of discrimination that occurred before this grievance procedure was in place will be considered on a case by-case basis.)
3. An investigation, as may be appropriate, will follow a filing of a complaint. The Section 504/ADA Coordinator will oversee the investigation. These rules contemplate informal but thorough investigations that afford all interested persons and their representatives an opportunity to submit evidence relevant to a complaint.
4. A written determination as to the validity of the complaint and a description of the resolution, if any, will be issued by the Section 504/ADA Coordinator and a copy forwarded to the complainant no later than 30 days after its filing.
5. The Section 504/ADA Coordinator will maintain the files and records of the City/County relating to the complaints filed.
6. The complainant can request a reconsideration of the case in instances where he/she is dissatisfied with the resolution. The request for reconsideration should be made within 10 days to the Mayor/Presiding Commissioner.
7. Using the grievance procedure is not a prerequisite to the pursuit of other remedies, including the filing of a Section 504 or ADA-related complaint with the responsible Federal department or agency.
8. These rules will be construed to protect the substantive rights of interested persons, meet appropriate due process standards, and assure that the City/County complies with the ADA, Section 504 and all implementing regulations.

This procedure was adopted by the City/County of _____ on the _____ day of _____.

Mayor/Presiding Commissioner

Attest