



**Public Service Agency/  
Public Facility  
CDBG Funding Application  
FY 2021- 2022**

Please type or print. If more space is needed for any answer, please attach additional sheets.

**PLEASE NOTE:**

- ❖ Application Submittal deadline is **May 07, 2021 @ 4:30 P.M.**
- ❖ Application **MUST BE** complete and accurate upon submittal
- ❖ Application **MUST BE** accompanied by **ALL REQUIRED** materials upon submittal. (**APPENDIX A**)
- ❖ CDBG funds may **ONLY** be used to serve clients within the City of Victoria
- ❖ Project and/or service areas **MUST BE LOCATED WITHIN the CITY LIMITS OF VICTORIA**
- ❖ **ALL** beneficiaries of projects/services **MUST BE** low to moderate income persons.
- ❖ 504/ADA Self-evaluation & Assurance of Compliance must be completed. (**APPENDIX B**)

**AGENCY INFORMATION**

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
Number Street City Zip

Project Site Address: \_\_\_\_\_  
Number Street City Zip

TIN/EIN # (required): \_\_\_\_\_ DUNS # (**REQUIRED**): \_\_\_\_\_

How long has the agency been in existence? \_\_\_\_\_

**Person authorized to enter into agreements on behalf of the organization:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person responsible for managing the project/service:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**ORGANIZATIONAL CAPACITY**

Are you an established 501(c)(3)?  Yes  No

Does your organization have current liability insurance coverage?  Yes  No

Has your organization carried out the proposed project/service before this request?  Yes  No

List all current services provided by your organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## TIMELINE

PRE- APPLICATION WORKSHOP: APRIL 8, 2021 @ 10:00 A.M.  
VIA ZOOM MEETING

PROGRAM ADVERTISING: MARCH 25 –APRIL 2, 2021

APPLICATION SUBMITTAL DEADLINE: FRIDAY, MAY 7, 2021 BY 4:30 PM

PROPOSAL EVALUATION: MAY 10 – 21, 2021

CITY COUNCIL MEETING: JUNE 1, 2021

**PROJECT INFORMATION**

Please check all appropriate boxes below to indicate the type of project/service being proposed.

**SERVICES:**

**FACILITIES: (Fill in blank(s) with beneficiaries served)**

<input type="checkbox"/> Child / Youth	Facility Type:
<input type="checkbox"/> Senior / Disabled	Supporting:
<input type="checkbox"/> Special Needs and Mentally Ill	
<input type="checkbox"/> Homeless/At-risk Homeless	
<input type="checkbox"/> Other low to moderate income	

Name of Project/Service: \_\_\_\_\_

This program is (check one): \_\_\_\_\_ a new service \_\_\_\_\_ an expanded service

Total Project /Service Cost: \$ \_\_\_\_\_ CDBG Funds Requested: \$ \_\_\_\_\_

Brief Summary of Proposed Project /Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify the primary beneficiaries of the proposed project/service (check all that apply):

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Families                  | <input type="checkbox"/> Homeowners            | <input type="checkbox"/> Disabled Individuals | <input type="checkbox"/> Renters       |
| <input type="checkbox"/> At-Risk Homeless          | <input type="checkbox"/> Homeless Persons      | <input type="checkbox"/> Neighborhoods        | <input type="checkbox"/> Housing Units |
| <input type="checkbox"/> Children (0-13)           | <input type="checkbox"/> Youth (14-18)         | <input type="checkbox"/> Adults (18-62)       | <input type="checkbox"/> Elderly (62+) |
| <input type="checkbox"/> Substance Abusers         | <input type="checkbox"/> Persons with HIV/AIDS | <input type="checkbox"/> Facilities           | <input type="checkbox"/> Equipment     |
| <input type="checkbox"/> Domestic Violence Victims | <input type="checkbox"/> Other _____           |   |  |

How will the project /service be publicized to the target population? \_\_\_\_\_

\_\_\_\_\_

How many persons will the assistance serve? \_\_\_\_\_

What is the maximum funding per person/family? \_\_\_\_\_

Assuming your project/service is approved for funding, when is the anticipated start date and completion date? (Month/Year) Start: \_\_\_\_\_ Completion: \_\_\_\_\_

How long do you anticipate the project/service to be available? (For example, will it be available continuously, a one-time event, for a limited time, ongoing, seasonal, annually, etc.?) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many staff members will be directly associated with the proposed project/service?

	<b>Professional</b>	<b>Support</b>	<b>Volunteer</b>
<b>Full-Time Staff</b>			
<b>Part-Time Staff</b>			

Describe your organization's past experience and/or services that are similar to the proposed project/service. Has it been completed? Is it an ongoing project? How was it funded? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROJECT/SERVICE FUNDING**

What percentage of the funds for the proposed project /service will be from the City of Victoria? \_\_\_\_\_

What is/are the current source(s) of funding for the project/service? \_\_\_\_\_  
 \_\_\_\_\_

What is/are your organization's major source(s) of revenues to operate programs? \_\_\_\_\_  
 \_\_\_\_\_

Have you applied for funding from any other source(s) for this project?  Yes  No  
 (If yes, fill out table below.)

<b>Name of Funding Source</b>	<b>Amount Requested</b>	<b>Amount Approved</b>	<b>Amount Pending &amp; Estimated Notification Date</b>	<b>Amount Denied</b>

**Include any letter(s) of commitment for ongoing funds or approved funds from other source(s) to assist with the proposed project/service that you are requesting.**

Will any of the requested City of Victoria funds be used as matching funds for other agency funding?  
 Yes  No (If yes, how much will serve as match and for what funding organization?)  
 \_\_\_\_\_  
 \_\_\_\_\_

What sources of funds can be used to replace CDBG funds in future years? If not funded or fully funded for this year, how will the program be funded? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2021 CDBG PROJECT BUDGET**

Organization: \_\_\_\_\_

Project/Service Name: \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_ CDBG funds requested \$ \_\_\_\_\_

Note: Indicate if funds are cash or in-kind contribution.

Project	CDBG Funds	Other Funding	Source of Other Funds	Project Budget
<b>Totals</b>				

**APPLICATION CERTIFICATION**

All organizations submitting an application must provide accurate data concerning the number and income level of clients. Estimates are not acceptable. Any organization that falsifies information, either accidentally or intentionally shall be required to reimburse the City of Victoria for any and all funds paid out to that organization, and shall not be permitted to apply for funding at any time in the future. The applicant hereby proposes to provide the above-described services for the City of Victoria as stated in this proposal. If this proposal is approved and funded, it is agreed that relevant federal, state and local regulations and other assurances as required by the City will be adhered to. Furthermore, as the duly authorized representative of the applicant organization, I certify that the applicant is fully capable of fulfilling its obligation under this proposal.

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name/Title

## APPENDIX A

### REQUIRED DOCUMENT CHECKLIST

The following agency documentation **must be submitted with the application** in order for the application to be reviewed for possible funding:

**Item Included**

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>PROJECT NARRATIVE</u></b> – Submit a detailed project narrative describing the proposed project (2 page maximum). The narrative should include a statement of need which identifies and substantiates the need for the service and a methodology statement which specifies the techniques that will be employed to meet the identified need.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>NON-PROFIT DETERMINATION</u></b> – Non-profit organizations must submit tax exemption determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (501(c) (3)). State of Texas Secretary of State Business certification – <b>Non-profit organizations must submit a copy of their business from the Secretary of State. Verification or application at: <a href="http://www.sos.state.us.tx.us/">www.sos.state.us.tx.us/</a> or call 512-463-5555,</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>LIST OF BOARD OF DIRECTORS</u></b> – A list of the current Board of Directors or other governing body of the agency. The list must include the name, telephone number, address, employer or affiliation of each member and must identify the principal officers of the governing body.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>AUTHORIZATION OF REQUEST FOR FUNDS</u></b> – Documentation of the governing body's authorization to submit the funding request. Documentation consists of a copy of the minutes of the meeting where the governing body's resolution, motion or other official action is recorded.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>ORGANIZATIONAL CHART</u></b> – An organizational chart must be provided which describes the agency's administrative framework and staff positions, indicates where the proposed project will fit into the organizational structure, and identifies any staff position of shared responsibility.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>FINANCIAL STATEMENT AND AUDIT</u></b> – Submit a copy of organization's annual audit and management letter to the City. For organizations that receive a total of <b>more than \$750,000</b> in Federal funds (including CDBG and all other federal sources), <b>this audit must comply with guidelines of the Single Audit Act (OMB Super Circular).</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>DOCUMENTATION OF PERSONNEL POLICY</u></b> (Affirmative Action Plan/Grievance Procedure)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>PROOF OF LIABILITY INSURANCE</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>PUBLIC FACILITY CONSTRUCTION DATE</u></b> – Public Facility Grants must submit proof that the facility construction date was built post-1978 or the (LBP) risk assessment, if it is pre-1978. <b><i>If the facility is pre-1978, it is not eligible for assistance unless it is an emergency shelter that houses individuals for less than 100 days. Or; if the building is pre-1978 a lead based paint (LBP) risk assessment must be provided to demonstrate that the entire facility is LBP free, and then the facility may be eligible.</i></b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>SECTION 504/ADA SELF-EVALUATION</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>DATA UNIVERSAL NUMBERING SYSTEM. "DUNS NUMBER"</u></b> - Submit a copy of the organization's 9-digit DUNS and Bradstreet (D&B) for the non-profit certificate. Organizations can register for a DUNS number at <a href="http://www.dnb.com/us/">http://www.dnb.com/us/</a> .

## **APPENDIX B**

### **SECTION 504/ADA COMPLIANCE SELF-EVALUATION & TRANSITION PLAN GUIDE**

#### **PURPOSE**

This guide is designed to assist City of Victoria subrecipients of Community Development Block Grant (CDBG) funds in evaluating the current state of accessibility of their programs and activities to disabled participants and employees. More specifically, this guidebook is intended to assist organizations in their efforts to:

- a) comply with CDBG regulations implementing Section 504 of the Rehabilitation Act of 1973, as amended, including the preparation of a self-evaluation of all programs, activities, policies and procedures to determine areas of noncompliance, and
- b) better understand the relationship between Section 504 and the Americans with Disabilities Act (ADA).

#### **INTRODUCTION**

Section 504 provides for equal opportunity to enter facilities and participate in programs and activities. It does not require that every facility or program be accessible. The important considerations are that disabled persons have the same opportunities in employment, the same opportunities to enter and move around in facilities, and the same opportunities to participate in programs and activities as non-disabled persons. Further, it is important to offer employment, programs and services in settings that are integrated rather than to segregate disabled persons with special programs.

Under Section 504, a self-evaluation survey and, if needed, a transition plan are required of all recipients and subrecipients of federal funds. It also applies to any person to whom federal financial assistance is extended for any program or activity directly or through another recipient, including any successor, assignee, or transferee of a recipient, but excluding the ultimate beneficiary of the assistance.

#### **SELF-EVALUATION AND TRANSITION PLAN**

The self-evaluation survey instrument contained in this guidebook will help you to evaluate the degree of accessibility of your programs, activities, and facilities so that you can plan full program accessibility. Your self-evaluation must include a review of all CDBG-funded functions of your organization, as well as some functions that may not be CDBG-funded but are required to facilitate delivery of funded services, i.e. entry and exit into facilities to receive services, etc. Disabled individuals and/or organizations that represent disabled individuals should be included in the self-evaluation process. The self-evaluation must include an examination of:

- employment and personnel policies and procedures;
- the extent to which program and activities are readily accessible and usable by persons with disabilities;
- the extent to which the delivery of benefits and services are free from discriminatory effects on disabled persons; and
- the extent to which contractual arrangements are free from subjecting disabled persons to discrimination.



Through the self-evaluation process, the agency identifies and changes policies or practices that discriminate against qualified individuals with disabilities so that individuals with disabilities can participate fully in the agency's programs and activities. These policy and practice changes are documented and tracked in the form of a transition plan. The transition plan should include all action items to be taken by your agency to obtain compliance with Section 504. If any action item cannot be completed within a reasonable time frame due to budget constraints, the plan should identify this barrier.

**The self-evaluation and transition plan process should include:**

- A) **A review the inventory of programs and activities** conducted by the agency.
- B) **Collecting and documenting the policies and practices that govern the administration** of the agency's programs and activities. An agency's policies may be in the form of regulations, administrative manuals, memoranda, or simply be a matter of customary practice. Some policies may not be written down at all. It is important that this review be complete, both to ensure that all relevant policies are identified and to enable the agency to identify potential problem areas when no policy exists.
- C) **Analyzing how the agency's policies and practices affect individuals with disabilities** who seek to participate in the agency's programs and activities. In this analysis, the agency must take into account the fact that discrimination can happen not only as a result of what is in its policies, but also as a result of what is not in its policies.
- D) **Making and documenting changes and additions to agency policy.** The changes required by the self- evaluation process should not require an extended period of time to complete.
- E) **Obtaining comments on the draft self-evaluation from individuals with disabilities and other interested persons.** Based on these comments, the self-evaluation should be revised as necessary, put in final form, and fully implemented. Periodically, it should be reviewed and updated to ensure that new policies are not discriminatory and disabled individuals continue to be able to participate fully in the agency's programs.

The survey included in this workbook is designed to assist agencies in fulfilling the self-evaluation requirement. In developing answers to the survey questions, your agency will be preparing most of the information that Section 504 requires. It should assist you in pinpointing areas where action is likely to be required to achieve compliance with Section 504. **It should be emphasized, however, that this survey is not intended as a substitute for your agency's judgment or analysis of the pertinent regulations issued pursuant to Section 504. Any information in this survey cannot be used as a sole basis for determining compliance with Section 504. You are advised to review the Section 504 regulations at 24 CFR Part 8.**

Upon completion of your self-evaluation and transition plan an agency must create and maintain a file documenting activities related to completing the self-evaluation, consultation with persons with disabilities or organizations representing persons with disabilities and development of the transition plan. **This file should also include a copy of a completed self-evaluation reviewed by the agency's board of directors and signed by an authorized official and the transition plan.** This file should be readily available for inspection during any program monitoring visits conducted by City of Victoria or CDBG.

**RELATIONSHIP OF 504 TO ADA**

The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability in employment (Title I), state and local government services (Title II), and places of public accommodation and commercial facilities (Title III).

The ADA extends the requirements of 504 to all activities of state and local governments under Title II, and under Title III, to “places of public accommodation” operated by private entities.

The requirements of ADA for places of public accommodation and state and local governments are based on, and are essentially the same as, the requirements of Section 504. Under Title II, state and local government entities are covered by the same standard as is used under Section 504 with respect to existing facilities. They must ensure that the services, programs and activities they offer are accessible to individuals with disabilities, but they may use alternative methods for providing access. However, compliance with Section 504 does not guarantee compliance with ADA.

The most rigorous physical accessibility requirements apply to new construction and alterations. The Department of Justice’s ADA regulations adopt specific architectural standards for new construction and alterations. Places of public accommodation and commercial facilities covered by Title III must comply with the Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities (ADAAG). State and local governments may use either ADAAG or the Uniform Federal Accessibility Standards (UFAS), which is the standard used under Section 504.

#### **CITY OF VICTORIA’S ENFORCEMENT OF SECTION 504**

Subrecipients of City of Victoria CDBG funding agree to comply with Section 504 requirements in their contract with the City. The City of Victoria Planning Office (COVPO) takes enforcement of Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act seriously. If COVPO discovers that a recipient is in noncompliance with Section 504 Regulations and/or ADA, the City has the authority to suspend and/or terminate funding.

**SECTION 504 SELF-EVALUATION SURVEY**

**Instructions**

Subrecipients of City of Victoria CDBG funds are required to complete a Section 504 self- evaluation survey and if needed a transition plan, and maintain it on file for review during program monitoring. In many cases, an agency may have already completed such a review several years ago as required. If you have an existing self-evaluation and transition plan in place, you should review your existing evaluation and plan, attach it to this completed survey, make updates if needed to your existing plan, and maintain it in a readily accessible file for review during program monitoring.

This survey instrument is separated into three sections. All sub-recipients are required to complete Part I and III. Subrecipients that employ 15 or more full time employees are required to complete Part I, Part II, and Part III. **All subrecipients** are required to complete the relevant portions of this survey and maintain this information in one file for public review and on-site monitoring by City of Victoria and CDBG. If you have questions regarding this process, please contact the City of Victoria at (361) 485-3360.

**Organization/Subrecipient Name:** \_\_\_\_\_

**Name of person completing self-evaluation survey:** \_\_\_\_\_

**Title of person completing self-evaluation survey:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Project Name and Physical Location(s):** \_\_\_\_\_

**Brief Description of Program including purpose, scope, activities and participants (include target populations if applicable, i.e. youth, seniors, homeless, etc.):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How many full time employees does your organization have?** \_\_\_\_\_

When answering the following questions, check whatever statements apply to your agency and list any additional steps taken under "Other." The statements listed are some of the most common actions or procedures taken by agencies and are only listed in order to simplify the evaluation process.

**PART I (TO BE COMPLETED BY ALL SUBRECIPIENTS)**

**A. Notification/Communication**

**1. What Steps have been taken to make certain that all beneficiaries and employees are aware of their rights under Section 504?**

\_\_\_\_\_ Policy Statement regarding Equal Employment Opportunity is posted in a prominent place for public notice

\_\_\_\_\_ It is our policy to discuss information concerning Section 504 during all employment interviews and to answer questions concerning applicant and employee rights

\_\_\_\_\_ An EEO/Affirmative Action Specialist is available to offer consultation to applicants for employment

\_\_\_\_\_ Public notices about meetings, hearings, etc. include a statement regarding accommodations for disabled can be made upon request

\_\_\_\_\_ Other (Explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any policy that needs to be established as a result of this review: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. How does your organization ensure that communication with disabled applicants, participants, and members of the public are as effective as communications with non-disabled individuals?**

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

- \_\_\_\_\_ Audio tape
- \_\_\_\_\_ Braille
- \_\_\_\_\_ Reader
- \_\_\_\_\_ Aide
- \_\_\_\_\_ Mailed to home
- \_\_\_\_\_ Large print format
- \_\_\_\_\_ Interpreter
- \_\_\_\_\_ Other assistance: \_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

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

If you determine that equally effective communication cannot be provided, please state why the service, program, or activity would be fundamentally altered or result in undue financial and administrative burdens. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe alternative actions that will be taken to provide the benefits or services to the maximum extent possible. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Are procedures in place to ensure that appropriate initial and continuing steps to notify participants, beneficiaries, applicants, etc. that you do not discriminate on the basis of disability are taken?**

\_\_\_\_\_ YES      \_\_\_\_\_ NO If yes, check which actions apply:

\_\_\_\_\_ Public notice issued which contains a non-discrimination on the basis of disability statement.

\_\_\_\_\_ Agency letterhead has TDD# listed

\_\_\_\_\_ Agency business cards, have TDD# listed

\_\_\_\_\_ Policy statement regarding non-discrimination on the basis of disability is posted in conspicuous places.

\_\_\_\_\_ Other (Explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Policies and Procedures**

**1. In the area of employment, can you ensure that no discrimination based on disability exists in your agency in the area of: (Circle answer)**

Recruitment/advertising and the application process for employment? YES / NO

Hiring, upgrading, promotion, award of tenure, demotion, transfer, layoff, termination, right of return from layoff, and rehiring? YES / NO

Rates of pay or any other form of compensation and changes in compensation? YES / NO

Job assignments, job classifications, organizational structures, position descriptions, lines of progression, and seniority lists? YES / NO

Leaves of absence, sick leave or any other leave? YES / NO

Selection of financial support for training, including apprenticeships, professional meetings, conferences and other related activities, and selection for leaves of absence to pursue training? YES / NO

Employer-sponsored activities, including social and recreational programs? YES / NO

Any other term, condition, or privilege of employment? YES / NO

**2. What policies, procedures, or modifications have been taken to ensure that no qualified disabled person is denied the opportunity to participate in or benefit from services because of his/her disability and all qualified disabled persons are afforded opportunities to participate in or benefit from services provided to non-disabled persons:**

\_\_\_\_\_ There is a policy in place to assure that appropriate assistance can be made available upon request.

\_\_\_\_\_ Application procedures have been developed for disabled individuals requiring special accommodations

\_\_\_\_\_ Physical accommodations have been made to accommodate disabled persons (water fountains, elevator buttons, pay phones, bathrooms, etc.)

\_\_\_\_\_ Other (Explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are these policies written? YES / NO

If no, what actions are taken to ensure that they are maintained? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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, describe 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.

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 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.

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**4. Describe procedures established to ensure that no disabled person will be discriminated against as a result of methods of administration or through direct or contractual arrangements with your agency.**

\_\_\_\_\_ All contractors and subcontractors are made aware of Section 504 requirements and appropriate training is offered.

\_\_\_\_\_ Language is included in agency contracts that ensures that contractors take steps to facilitate the participation of qualified individuals with disabilities in activity they operate on behalf of the agency.

\_\_\_\_\_ During monitoring, contractor's/subcontractor's policies are reviewed for compliance with Section 504 requirements.

\_\_\_\_\_ Other (Explain): \_\_\_\_\_

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**C Program Accessibility**

**NOTE:** One of the most effective approaches to examining service and program accessibility is to conduct a "client path analysis." This analysis is simply a walk-through of the process needed for a citizen to participate in a service you provide. There are generally two aspects to the analysis: (a) analysis of the physical path traveled, and (b) analysis of the administrative requirements of the service delivery (i.e. eligibility criteria, application procedures).

- 1. Are all qualified disabled persons given the opportunity to participate in or benefit from services or activities that your organization offers?      YES / NO

- 2. Check all actions which apply to your organization's policies on program accessibility:

\_\_\_\_\_ Employment practices

\_\_\_\_\_ Common areas (bathrooms, hallways, doors, meeting rooms, etc.) are accessible

\_\_\_\_\_ Telecommunication Device for the Deaf (TDD) is available and advertised

\_\_\_\_\_ All material relating to agency and services it provides can be made available in other formats (i.e., Braille, audiotape, etc.) upon request and public is aware that this service is available.

\_\_\_\_\_ Public meetings are held in areas that are accessible.

\_\_\_\_\_ Other (Explain): \_\_\_\_\_

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3. Are any structural changes needed to make programs accessible? YES / NO If yes, describe:

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Describe alternatives to structural changes that have been used or considered (e.g., rescheduling or relocating activities, redesigning of equipment) in order to achieve program accessibility.

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4. If the agency undertakes acquisition, rehabilitation, or construction of facilities with federal funds, is there a policy in place that ensures that such facilities will be accessible for persons with disabilities? (Carried out in accordance with the Uniform Federal Accessibility Standards (UFAS)): YES/NO
5. Describe any other policies, practices, or methods your agency has developed to include disabled persons in its programs and activities:

**D. Emergency Evacuation**

1. Describe how your agency notifies employees and members of the public of an emergency. \_\_\_\_\_

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2. Are adequate policies/methods in place to ensure that individuals with disabilities can be accommodated in the event of an emergency? Please describe your policies, methods. \_\_\_\_\_

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**PART II (TO BE COMPLETED BY SUBRECIPIENTS WITH 15 OR MORE EMPLOYEES)**

1. Do you have a written policy regarding non-discrimination on the basis of disability that is in compliance with HUD requirements?  Yes  No

If you answered No to this question, you may contact the HCCSD office for a sample policy.

2. 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
3. Do you have a grievance procedure?  Yes  No

If you answered **NO**, **then you must adopt one for compliance with Section 504**. 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  Yes  No
  - c. Information on how to also file a complaint through appropriate local, State or Federal agencies  Yes  No
4. Who in your agency has been designated to coordinate grievance procedures? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Who is responsible for coordinating the agency's Section 504 responsibilities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART III CONSULTATION (TO BE COMPLETED BY ALL SUBRECIPIENTS)**

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 agency consulted.

Name of person consulted and date of consultation: \_\_\_\_\_

\_\_\_\_\_ Disabled program participants or beneficiaries consulted

Name of person consulted and date of consultation: \_\_\_\_\_

\_\_\_\_\_ Organization(s) representing disabled persons consulted

Name of organization and date of consultation: \_\_\_\_\_

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

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**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 AGENCY I REPRESENT.**

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**Printed Name and Title, Authorized Official**

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**Signature, Authorized Official**

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**Date**

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**Name of Organization**

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**Street Address**

**City,**

**State,**

**Zip**

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**Phone Number**

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**Fax Number**