

ADA PROGRESS REPORT
Americans with Disabilities Act (ADA) / Section 504
(For Use by Non-Profit Agencies Receiving Funding from the City of Bellingham)

Name of Agency: _____

Program(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Prepared By: _____

Please answer the following questions, sign and date the form, and mail the **original** to:
Community Development-Division, City of Bellingham, 210 Lottie Street, Bellingham, WA 98225

- | | <u>YES</u> | <u>NO</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| A. <u>Agency's ADA Policy</u> | | |
| A1. Are any of the agency's programs/services or facilities currently inaccessible to persons with disabilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| o If YES, use page 3 to describe. | | |
| If YES, are corrective actions planned? Use page 3 to describe. | <input type="checkbox"/> | <input type="checkbox"/> |
| A2. If A1 is YES, are any of the agency's programs/services made accessible through alternative service provisions?
<small>(Ref: Title III Technical Assistance Manual - Section III-4.5100 Alternatives to Barrier Removal)</small> | <input type="checkbox"/> | <input type="checkbox"/> |
| o If YES, use page 3 to describe the alternative services provisions, including any action to be taken and deadline to complete. | | |
| o If NO, use page 3 to describe justification. | | |
| B. <u>Changes in Operations During Past Year</u> | | |
| B1. Have there been major changes in services offered or in agency operations during the past year? | <input type="checkbox"/> | <input type="checkbox"/> |
| o If YES use page 2 to describe and identify any changes which affect the agency's compliance with the ADA/Section 504. | | |
| B2. Has the agency moved to different facilities or are services being provided at a different site than last year? | <input type="checkbox"/> | <input type="checkbox"/> |
| o If YES attach a new completed " Accessibility Checklist " | | |

ADA Progress Report

C. Progress Report on Items Identified in Self-Evaluation Review Form or Action Plan and Accessibility Checklist

C1. Self-Evaluation: On page 3, or a similar format, identify by item number and describe status for all action items from your Self-Evaluation that were not yet completed on your last progress report. If you did a separate Action Plan, report progress by individual item.

C2. Accessibility Checklist: On page 4 similarly describe progress on removal of architectural barriers identified in your facility.

C3. New Action Items: On page 4, describe any new items necessitated by changes in operations or other circumstances. Give item to be corrected, action planned and date for completion.

D. Comments On page 4, use the space provided to note any additional information not covered in A or B.

Certification: I certify that (*insert agency name*) _____ is currently meeting its obligations as a City contractor under the ADA and Section 504. The agency understands that there is a contractual requirement attached to receiving funding through the City general fund or Community Development Block Grant that "the Agency shall abide by all provisions of Section 504 of the NEW Rehabilitation Act of 1973 and of the Americans with Disabilities Act of 1990 prohibiting discrimination against disabled individuals either through purpose or intent."

Signature _____ Date _____
ADA Coordinator

Continued on next page

