

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

AGENCY: _____
PROGRAM(S): _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PREPARED BY: _____
PHONE: _____
DATE: _____

General ADA Information and Helps:

- **Northwest ADA Help Line: 1-800-949-4232**
- **ADA Title III Technical Assistance Manual and Supplement**
<http://www.ada.gov/publicat.htm#Anchor-ADA-35882>
- **ADA Title III Changes as of March 15, 2011**
http://www.ada.gov/regs2010/factsheets/title3_factsheet.html
- **Helpful publication by Department of Justice for small businesses**
<http://www.ada.gov/regs2010/smallbusiness/smallbusprimer2010.pdf>

Please answer the following questions, sign and date the form, and mail the **original** to:

Sandy Anderson, City of Bellingham, 210 Lottie Street, Bellingham, WA 98225 Ph 778-8383

	<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?	___	___
If YES, use page 3 to describe.		
If YES, are corrective actions planned? Use page 3 to describe.	___	___
A2. If A1 is YES, are any of the agency's programs/services made accessible through alternative service provisions? <small>(Ref: <i>Title III Technical Assistance Manual</i> - Section III-4.5100 Alternatives to Barrier Removal)</small>	___	___
If YES, use page 3 to describe the alternative services provisions, including any action to be taken and deadline to complete.		
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?	___	___
If YES use page 2 to describe and identify any changes which affect the agency's compliance with the ADA/Section 504.		

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YES NO

B2. Has the agency moved to different facilities or are services being provided at a different site than last year? _____

If YES attach a new completed "Checklist for Existing Facilities", if the facility was built prior to 1992 (Call City of Bellingham at 778-8383 for copy)

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

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. Checklist for Existing Facilities: 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 HEW 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

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