

# SECTION 504 SELF-EVALUATION SURVEY

Due to CDA: January 6, 2017

## INSTRUCTIONS

The City of St. Louis Community Development Administration requires its CDBG and HOME subrecipients 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 organization 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 subrecipients 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 on file for public review and on-site monitoring by CDA and HUD.

This survey template can be downloaded from the Community Development Administration website: <https://www.stlouis-mo.gov/government/departments/community-development/documents/index.cfm>

*\*Section 504 Self-Evaluation Survey must be completed for each HUD-funded project site/location*

**Organization/Subrecipient Name:** \_\_\_\_\_  
**Name of person completing self-evaluation survey:** \_\_\_\_\_  
**Title of person completing self-evaluation survey:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
**Project Name:** \_\_\_\_\_  
**Physical Location:** \_\_\_\_\_  
**How many full time employees does your organization have?** \_\_\_\_\_

## Brief Description of CDBG/HOME Program.

(Include purpose, scope, activities and participants - include target populations if applicable, i.e. youth, seniors, homeless, etc.)

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

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## **PART I - MUST BE COMPLETED BY ALL SUBRECIPIENTS**

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### **A. NOTIFICATION/COMMUNICATION**

**1a. What steps have been taken to make certain that all beneficiaries and employees are aware of their rights under Section 504? (Check all that apply)**

- 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 noting that accommodations for persons with disabilities can be made upon request.
- Other (Explain):

**1b. 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 (check all that apply) :

- Audio Tape     Braille     Reader     Aide     Mailed to Home     Large Print Format     Interpreter
- Other Assistance (Please describe)

b. How would persons with disabilities learn about these auxiliary aids and services?

How could persons with disabilities 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 communication system?  YES  NO
- e. Is 911 or E-911 emergency service offered within your jurisdiction?  YES  NO If so, is there a TDD connected to your system?  YES  NO  N/A.
- f. Do you have a toll-free phone number to access services and programs?  YES  NO If so, is it usable by persons with hearing impairments?  YES  NO  N/A
- g. Do you have any public telephones located within your facilities?  YES  NO If so, is at least one phone hearing aid compatible?  YES  NO  N/A
- h. 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 are taken to notify participants, beneficiaries, applicants, etc. that the organization does not discriminate on the basis of disability?**

YES  NO

**If yes, check which actions apply:**

- Public notice issued which contains a statement of non-discrimination on the basis of disability.
- Organization letterhead has TDD# listed.
- Organization business cards have TDD# listed.
- Policy statement regarding non-discrimination on the basis of disability is posted% 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 organization in the areas of:**

- 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 person with a disability 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 persons with disabilities requiring special accommodations.
- Physical accommodations have been made to accommodate persons with disabilities (water fountains, elevator buttons, public 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 person with a disability 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.  YES  NO

- b. Are the opportunities for participation or benefit to the disabled, equal to the opportunities afforded the population at large?  YES  NO

- 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?  YES  NO

d. Do you allow qualified persons with disabilities an opportunity to participate in local policy planning or advisory boards? This includes providing reasonable accommodations in the scheduling and/or location of meetings, use of auxiliary aids including guide dogs, etc.  YES  NO

**4. What procedures have been established to ensure that no person with a disability will be discriminated against as a result of methods of administration or through direct or contractual arrangements with your organization?**

- All contractors and subcontractors are made aware of Section 504 requirements and appropriate training is offered.
- Language is included in organization contracts that ensure that contractors take steps to facilitate the participation of qualified individuals with disabilities in activity they operate on behalf of the organization.
- During monitoring, contractors'/subcontractors' policies are reviewed for compliance with Section 504 requirements.
- Other (Explain):

**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 organizations 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 organization 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):

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

**4. 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.**

**5. If the organization 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

**6. Describe any other policies, practices, or methods your organization has developed to include persons with disabilities in its programs and activities.**

**D. EMERGENCY EVACUATION**

**1. Describe how your organization notifies employees and members of the public in the event of an emergency.**

**2. Are adequate policies/methods in place to ensure that individuals with disabilities can be accommodated in the event of an emergency?**  YES  NO

Please describe your policies or methods:

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**PART II - SUBRECIPIENTS WITH 15 OR MORE EMPLOYEES ONLY**

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

**2. Does your Notice of Non-discrimination include the following:**

Contact information for your 504/ADA Coordinator?

YES  NO

- How to request auxiliary aids or other services?  YES  NO
- That alternative formats are available?  YES  NO
- That a complaint grievance procedure has been adopted?  YES  NO
- 3. Do you have a grievance procedure?** *If you answered "No", then you must adopt a grievance policy for compliance with Section 504.*  YES  NO  
*If you answered "Yes", does it include the following?*
- A statement allowing an individual to submit a grievance in alternative formats?  YES  NO
- A time limit for filing a grievance?  YES  NO
- Information on how to also file a complaint through appropriate local, State or Federal?  YES  NO

**4. Who in your organization has been designated to coordinate grievance procedures?**

**5. Who is responsible for coordinating the organization's Section 504 responsibilities?**

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**PART III - MUST BE COMPLETED BY ALL SUBRECIPIENTS**

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**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? (Check/Complete all that apply)**

- 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:**

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**CERTIFICATION OF SELF-EVALUATION SURVEY**

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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 organization that I represent.

\_\_\_\_\_  
**Printed Name of Authorized Official**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature of Authorized Official**

\_\_\_\_\_  
**Date**

# Organization Name:

Section 504 Transition Plan Format

<b>Original Plan Date:</b>	<b>Revision Date:</b>	<b>Revision Date:</b>	<b>Revision Date:</b>
<b>Revision Date:</b>	<b>Revision Date:</b>	<b>Revision Date:</b>	<b>Revision Date:</b>

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 comments 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.

<b>Action Type (Structural, Procedural or Policy-Related)</b>	<b>Action Description</b>	<b>Person Responsible for Implementation</b>	<b>Projected Start Date for Action</b>	<b>Projected Completion Date for Action</b>	<b>Projected Cost for Completing Project</b>	<b>Comments</b>
<i>Example: Structural</i>	<i>Modify bathrooms for handicapped accessibility. Location: 1001 Main Street St. Louis, MO 63103</i>	<i>John Lee</i>	<i>1-Apr-17</i>	<i>30-May-17</i>	<i>\$3,500.00</i>	<i>Modifications will be delayed to allow funds to be identified during our annual budgeting process.</i>
<i>Example: Policy</i>	<i>Incorporate written procedures for home visits when applicant is disabled for Home Repair Program</i>	<i>Diana Moore</i>	<i>25-Aug-17</i>	<i>15-Sep-17</i>	<i>-</i>	