

Tennessee Department of Transportation ADA Compliance Assessment

Tennessee Department of Transportation – TDOT, is required to monitor sub-recipients who receive TDOT assistance (local governments, contractors, consultants or groups) to ensure compliance with Title II ADA and 504 with respects to TDOT funded(both Federal and State assistance) projects and programs. 28 CFR 35.130(b)(1)(v) and 49CFR27.7(V)

Date: _____

Agency Information:

Administrative Head Title

Address:

City: _____ County: _____

Phone: _____ Email: _____

Please list the Program(s) or Service receiving financial assistance from the Tennessee Department of Transportation and the amounts received for the current year.

Anticipated Program/Service Dollar Amount

Compliance:

Does your agency have a staff person designated as the ADA Coordinator? If so, who:

ADA Coordinator Name and Title

ADA Coordinator's Address:

City: _____ County: _____

Phone: _____ Email: _____

Does the Coordinator have the easy access to the top level official? Yes____ No____

Provide a written statement describing how persons with disabilities are afforded an opportunity to participate in local decision making processes, which demonstrates the effectiveness of this participation, to include:

Describe how persons with disabilities are appropriately included in all notification processes for public meetings or public review of agency documents.

Describe how meeting locations and formats encourage or facilitate participation by persons with disabilities.

Complaints:

Are customers aware of their rights under ADA including the right to file a complaint?

Yes___ No___

Have there been any complaints of Title VI violations in your Agency during the past three years?

Yes___ No___

If so, were the complaints investigated? Yes___ No___

1. If yes, please attach the summary and findings of the investigation. Include the name the charge and corrective action taken.
2. If not, attach a detailed explanation.
3. Attach complaint procedure form.

Assurance:

As required by the contractual agreement, _____ (Agency) _____ will comply with the applicable laws and regulations relative to ADA in federally or state assisted programs of the Tennessee Department of Transportation.

DECLARATION OF RESPONDENT: I declare that I have completed this survey to the best of my knowledge and believe it to be true and correct.

Name

Date

DECLARATION OF ADMINISTRATIVE HEAD: I declare that I have reviewed and approved the information provided in this survey and to the best of my knowledge and believe it is true, correct and complete.

Signature of Administrative Head

Date