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## Certification of Accessibility

Due by Project Monitoring.

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**I hereby certify that all applicable handicap standards of accessibility for the following project:**

Grantee:

Grant Number:

Project Name:

**Project Classification** (Check applicable box.)

- Project is Exempt (Fire Truck, Econ Dev Equipment, Planning Grant):
- Project has been designed in consistency with the current interpretation of the federal, state and local laws, regulations and codes:

**Indicate efforts made by the Grantee/Subrecipient to adhere to Section 504 regulations governing the accessibility of federally assisted buildings and facilities.** (Check all that apply.)

- Programs and program information are made accessible to individuals with handicaps.
- Has obtained special communication systems if needed (TTY, Braille).
- Policies and procedures are nondiscriminatory.
- Made reasonable accommodations for persons with known handicaps.
- Conducted self evaluation of compliance.
- Other, describe:

\_\_\_\_\_  
Signature of Chief-Elected Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Design Engineer      Date