

**TOWN OF ADVANCE**

**ADA TRANSITION PLAN**

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Prepared By:

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## INTRODUCTION

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The purpose of this ADA Transition Plan is to designate an ADA Coordinator and the Grievance Procedure, complete a self-evaluation and implementation.

## AMERICAN DISABILITIES ACT

The American with Disabilities Act (ADA), enacted on July 26, 1990, and later amended effective January 1, 2009, is a comprehensive civil rights law that provides protections to persons with disabilities in the areas of employment, state and local government services, access to public accommodations, transportation, and telecommunications. The ADA is a companion civil rights legislation to the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973. To be protected by the ADA, one must have a disability or have a relationship or association with an individual with a disability. An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such impairment, or a person is perceived by others as having such impairment. The ADA, however, does not specifically name all the impairments that are covered. The ADA is divided into five sections covering the following topics:

Title I: Employment

Title II: Public Services (and Transportation)

Title III: Public Accommodations (and Commercial Facilities)

Title IV: Telecommunications

Title V: Miscellaneous Provisions

Title II of the American Disabilities Act (ADA) prohibits state and local governments from discrimination against persons with disabilities or from excluding participation in or denying benefits of programs, services, or activities to persons with disabilities. It is under this title this transition plan has been prepared.

## ADA COORDINATOR

As part of the ADA Transition Plan an ADA Coordinator is required.

The ADA Coordinator is critical in the effort to address all the complaints and concerns of individuals. To maintain the lines of communication and ensure effective communication between all parties, the Town of Advance has designated the Clerk Treasurer as Advance's ADA Coordinator.

The ADA Coordinator shall oversee the Town's efforts to comply with and carry out its responsibilities under Title II of the ADA, including investigation of any grievance communicated to the ADA Coordinator. Grievances may take the form of alleging non-compliance with ADA mandates or alleging any actions that would be prohibited under the ADA. The Town shall make available to all interested individuals the name, office address, and telephone number of the person so designated and shall adopt and publish procedures for the prompt resolution of grievances. Grievances must be directed in writing to the ADA Coordinator.

The ADA Coordinator shall also oversee any requests for accommodations or barrier removal. The forms to make a grievance, request an accommodation or barrier removal are included as the Appendix.

Town of Advance ADA Coordinator  
Clerk Treasurer  
PO Box 67  
112 N. Main St.  
Advance, IN 46102  
765-676-6611  
[advancect@townofadvance.com](mailto:advancect@townofadvance.com)

## GRIEVANCE PROCEDURE

The Grievance Procedure is intended to adhere to the standards outlined in the ADA. The procedure must be used by anyone who wishes to file a complaint alleging discrimination based on disability in the provision of services, activities programs or benefits provided by the Town of Advance.

The complainant must in writing using the Grievance Form provided in the Appendix. Alternate means of filing complaints, such as personal interviews or recording of the complaint will be made available to persons with disabilities upon request. The complaint should be submitted by the grievant and/or designee as soon as possible, but no later than 180 calendar days, after the alleged violation to the ADA Coordinator. Within 60 calendar days after the receipt of the complaint, the ADA Coordinator will be made available to meet with the complainant to discuss the complaint and the possible resolutions. Within 60 calendar days of the meeting, the ADA Coordinator will respond in writing and where appropriate, in a format accessible to the complainant. The response will explain the position of the Town of Advance and offer options for substantive resolution of the complaint.

If the response does not satisfactory resolve the issue, the complainant and/or designee may appeal the decision within 60 calendar days after receipt of the response to the Town Council President. Within 60 calendar days after receipt of the appeal, the Town Council President will be made available to meet with the complainant to discuss the complaint and possible resolutions. Within 60 calendar days after the meeting, the Town Council President will respond in writing and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by the ADA Coordinator, appeals to the ADA Coordinator, and responses from these two offices will be retained by the Town of Advance for at least three (3) years.

## SELF EVALUATION

In preparing an ADA Transition Plan a self-evaluation and an inventory of sidewalks, curbs, and ramps was completed. The information developed through the inventory process will be presented as a baseline so that progress can be monitored and measured. Once the self-evaluation is complete, the Town will need to commit to actively reconstructing and updating infrastructure that is not ADA compliant; setting aside available financial resources to do so annually. For the Transition Plan to be effective it will need to be utilized in yearly planning of projects and funding decisions and periodically reviewed for compliance and validity. The Transition Plan should be viewed as a “living document” and updated regularly to reflect changes in real world conditions and to address any possible new areas of noncompliance. Advance is committed to allowing all pedestrians including those with disabilities access to all sidewalk, side path, trail, and curb ramp areas. This will be accomplished by the following programs:

- All new construction, reconstruction, roadwork construction or alterations will be in compliance with the ADA
- Completing and updating annually a Sidewalk Asset Management Program
- If funds are available, funding annual sidewalk/curb reconstruction.

In addition, the Town owned facilities were evaluated for ADA compliance. The only area in non-compliance is the height of the customer service counter at the Town Hall. An ADA compliant service counter must have a portion that is 28” – 36” inches high, measured from the finished floor to the sales countertop. This portion of the counter must also be at least 36” inches long for a parallel approach or a 30” length for a forward approach. All other facilities are compliant.

## ADA STANDARDS FOR ROADS AND SIDEWALKS

The ADA standards are intended to apply to all construction undertaken within the town Right of Way. Indiana Department of Transportation guidelines and drawings will serve as the standards for this plan. Other standards will be applied at the discretion of the ADA Coordinator.

## IMPLEMENTATION

The Town has implemented this Transition Plan and established an ADA Coordinator. The Town of Advance commits to the guidelines of this Transition Plan as well as amending this document as new relevant information becomes available. A copy of this document will be placed on the Town's website, [www.townofadvance.com](http://www.townofadvance.com) and at the Town Hall.

# Appendix

Grievance Form

Request of Accommodation or Barrier Removal Form



## GRIEVANCE FORM

### GRIEVANT INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Person Preparing Complaint Relationship to Grievant (If different from Grievant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please specify any location and date(s) related to the grievance or complaint:

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Please provide a complete description of grievance or complaint:

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Please state what you believe should be done to resolve this problem:

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Please provide any additional information you believe to be relevant:

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Please attach any additional pages as needed.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please contact the ADA Coordinator and Title VI Coordinator if you should need an alternative format to complete this form. Reasonable requests will be accommodated.

Town of Advance ADA Coordinator and Title VI Coordinator  
Clerk Treasurer  
PO Box 67  
112 N. Main St.  
Advance, IN 46102  
765-676-6611  
advancect@townofadvance.com

REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL

Name of person submitting request: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

If the person needing accommodation is not the individual completing this form, please provide:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check one:      Accommodation: \_\_\_\_\_      Barrier Removal: \_\_\_\_\_

Accommodation needed or location of barrier:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief statement of why the accommodation is needed or the barrier removed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Accommodation needed: \_\_\_\_\_

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return the completed form to the ADA Coordinator at the Town Hall.

Please contact the ADA Coordinator if you should need an alternative format to complete this form. Reasonable requests will be accommodated.

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