District of Columbia
Department of Housing and Community Development
Office of Program Monitoring – Fair Housing Division

Section 504 Program Certification Form

(Non-Housing construction and Façades)

(Completed form to be submitted at time of application)

The Department of Housing and Community Development (DHCD) follows the federal equal opportunity and accessibility compliance guidelines and local regulations, where applicable, for all of its programs, notwithstanding the source of funds. DHCD requires its recipients to ensure that their programs are programmatically and structurally accessible to qualified individuals with disabilities. The programs must be provided in the most integrated setting possible. Each funding applicant is required to sign the "Section 504 Program Certification Form" and complete the Compliance Checklist which indicates the subrecipient's (authorized official for the respective organization) acceptance to:

(1) Comply with all applicable regulations,

(2) Incur all costs required for compliance with the applicable regulations,

(3) Be subject to DHCD monitoring for compliance, and

(4) Accept any applicable penalties for noncompliance.

Signature and Certification:

The undersigned certifies to DHCD that it has read and understands all of its obligations under the Section 504 requirements. The undersigned acknowledges that this certification will be relied upon by DHCD in its review and approval of proposal for funding and any misrepresentation of information or failure to comply with any conditions proposed in this certification could result in penalties, including the disbarment of Applicant for a period of time from participation in DHCD administered programs.

Name of funded Program

Applicant (Organization Name)

Agency Director Name & Signature Date

Program Manager Name & Signature Date

OHR: Notice of Non-Discrimination: *In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code Section 2-1401.01 et seq.,(Act) the District of Columbia does not discriminate on the basis of actual or perceived: race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intrafamily offense, or place of residence or business. Sexual harassment is a form of sex discrimination which is prohibited by the Act. In addition, harassment based on any of the above protected categories is prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.*

EQUAL HOUSING OPPORTUNITY

Section 504 Program Compliance Checklist

(Used for monitoring purposes of Compliance with Section 504 of the Rehabilitation Act of 1973)

Date of preparation: **Grant year (Fiscal year):**

1. Program Name & Location

Program Activity Name:	Is activity associated with a funded Multifamily/Facility construction project? ☐ YES ☐ NO
Program Address & Ward:	
Training Site Address (if applicable):	Name of Project:
Program Manager:	Tel. #:
Agency Director:	Tel. #:

2. Program Activity:

Neighborhood Based Activity (NBA)

Check all that apply

☐ **A.** Housing Services ☐ **B.** HOME CHDO Operating Grants

☐ **C.** Storefront Façade Improvements ☐ **D.** Commercial Corridor & Small Business Development

Check all that apply ☐ N/A

☐ **Counseling & Training for Single Family Homeownership:**

- ☐ HPAP, EAHP, and NEAHP: Application Intake, Pre/Post-Purchase Counseling, Homebuyer Training
- ☐ SFRRP: Application Intake and Loan Counseling
- ☐ LSW: Application Intake and Counseling
- ☐ Homestead Housing Preservation Program: Single Family Participants Counseling
- ☐ Workforce Housing Land Trust Program: Participant Counseling
- ☐ Inclusionary Zoning Program: Participant Counseling
- ☐ General Credit, Mortgage Default and Foreclosure Counseling
- ☐ General Home Management
- ☐ Home Buyers Clubs
- ☐ Other:

Check all that apply ☐ N/A

☐ **Counseling & Training for Tenants and Tenant Groups**

- ☐ HRA- Housing Services Center: Counseling Support
- ☐ Displacement Threat: Direct Services to Tenants and Tenant Groups
- ☐ Credit/Eviction Counseling
- ☐ Apartment Management
- ☐ Relocation Counseling
- ☐ Other:

☐ **Counseling & Training for Multi-Family Owner-Occupied (Condo and Coop) Property Owners**

- ☐ First Right to Purchase Program: Counseling
- ☐ Homestead and Home Again Programs
- ☐ Lead Safe Washington Program

3. Program Site ☐ N/A

A. Do you provide training or other direct public services on site? ☐ YES ☐ NO

B. Is your facility wheelchair accessible? ☐ YES ☐ NO

If not, provide address of alternate wheelchair-accessible program sites? _____

C. Total number of wheelchair accessible program sites?

D. What alternate methods do you employ to make your program accessible to persons with MOBILITY impairments?

Where communication is made through telephone with the applicants and beneficiaries, telecommunication devices for deaf people (TDD) must be used or a device that is just as effective. Recipients must make sure that all interested people including those with vision and hearing impairments are able to be informed about the existence and location of the program; of accessible services, activities, and facilities. The recipient has to ensure they make effective communication with applicants, beneficiaries, and other members of the public.

E. Do you use alternate methods of communication to provide your services to prospective clients with Vision or Hearing impairments? ☐ YES ☐ NO

(Check all that apply)

1. LARGE FONT Materials ☐
2. RECORDED (CD) Materials ☐
3. SIGN LANGUAGE interpreter ☐
4. Other:
5. If not, why not?

6. Program Accessibility ☐ N/A (Façade Project)

To achieve program accessibility it is not required for the recipient to alter or construct new buildings, ***the program itself must be made accessible***; it is only when programmatic changes are insufficient for accessibility that alterations or construction to buildings must occur. In the course of making a program accessible, recipients do not have to take any action that the recipient can demonstrate would change the nature of the program or activity or if the action would cast an unnecessary financial or administrative burden, however, the recipient must take other means that would not result in such problems.

The recipient must provide the necessary means so that clients with disabilities are able to benefit from their program. Providing these auxiliary aides to the disabled must be done in a collective manner and not on a personal level where devices are individually prescribed.

Recipient must ensure to the maximum extent possible that people with disabilities will have access to the benefits and services of the program or activity receiving DHCD funding. The instance should be undertaken on a case-by-case basis as the specific needs of those with disabilities could differ which would require different means to accommodate the individual under the existing program.

☐ Please check to indicate that above information has been or will be conveyed to staff.

7. Achieving Program Compliance

When dealing with program accessibility, recipient must ensure to accommodate the needs of participants with disabilities by providing reasonable accommodations, as applicable, in the delivery of the program services or to the physical site where services are being provided.

As a recipient of DHCD funds, recipients commit to adherence of the following compliance guidelines. (*Please check*)

☐ Will accommodate a person with a disability, showing up for the goods and services being delivered, to ensure their participation in the activities provided to the general public, whether it is through auxiliary aides or an interpreter.

☐ Will accommodate participants with mobility impairments, as applicable, by removing displays or other objects in the path of travel; installing paper cup dispensers at a water fountain if available; providing alternatives services if barrier removal is not readily achievable.

☐ Will move the program service to an alternate location that is accessible to the disabled and look to nonstructural changes before moving to costly renovations.

It is not always necessary to alter your facility in order to comply with program accessibility compliance; however, it may be possible that renovations may be required if programmatic and nonstructural changes are not possible.

☐ Will accommodate the visually impaired through the use large letter signs; removing displays or other objects in the path of travel; allow an individual with a visual impairment to bring a guide dog into public accommodation and will not attempt to make the person discard their assistant animals when receiving services from the facility; use talking calculators or computers; raise low-hanging signs or lights; increase frequency of existing oral announcements; make optical magnifiers available; install entrance indicators such as strips of textured material near doorways, elevators, etc.; tape texts/menus.

☐ Will accommodate the hearing impaired by ensuring all means of communication are covered in order to provide an equal chance of accessibility. Will provide, as applicable, written notices of oral announcements; encourage employees without speech impairments to speak clearly and at an audible level (without shouting) and pace (not rapid-fire) and instruct employees to repeat themselves, when necessary, in a professional manner; provide small amplifiers for telephones; purchase TDD (telecommunication devices for the deaf); improve sight lines by replacing oval tables with roundtables; improve acoustics by lowering volume of background music, but raising volume for announcements.

☐ Will accommodate individuals with mental/cognitive impairments, as applicable, through the use of large-letter signs; use simple words or illustrations on signs; encourage employees to repeat themselves, when necessary for them to be understood, in a professional manner; and use color-code materials.

Name & Title of Applicant representative:

Signature: _____ **Date**