

CERTIFICATION OF NON-FEDERAL MATCH FOR TITLE III PROJECT

This is to certify that I (as an individual) or my agency/organization will provide the following cash and/or in-kind resources for the support of the project entitled _____
 _____ for the period beginning _____ and
 ending _____.

<u>Cost Category</u>	<u>Cash Amount</u>	<u>In Kind Value</u>	<u>Source</u>
Total			

The above cash and in-kind items do not come from Federal funds (except as may be allowed via the use of Community Development Block Grants and/or General Revenue Sharing monies), and they are not used to match any other Federal project.

Signed: _____

Date: _____

Name: _____

Title: _____

Agency: _____

STANDARD ASSURANCES, COMPLIANCES, AND CONDITIONS

The _____ (Applicant Agency) understands and agrees that the following assurances, compliances, and conditions are part of the application, and as such become binding subsequent to the award of any funds by the North Central Area Agency on Aging, Inc.

I. OLDER AMERICANS ACT

The undersigned HEREBY AGREES THAT it will comply with the Older Americans Act of 1965, as amended, all requirements imposed by the applicable DHHS regulations and all guidelines issued pursuant thereto.

As a condition of receipt of funds under this act, each provider shall assure that they will:

- a. Provide NCAAA, in a timely manner, with statistical and other information which NCAAA requires in order to meet its planning, coordination, evaluation and reporting requirements established;
- b. Provide each older person with an opportunity to voluntarily contribute to the cost of the service;
- c. Protect the privacy of each older person with respect to his or her contributions;
- d. Establish appropriate procedures to safeguard and account for all contributions;
- e. May not deny any older person a service because the older person will not or cannot contribute to the cost of the service;
- f. With the consent of the older person or his or her representative, bring to the attention of appropriate officials for follow-up, conditions or circumstances which place the older person, or the household of the older person, in imminent danger;
- g. Where feasible and appropriate, make arrangements for the availability of services to older persons in weather related emergencies;
- h. Assist participants in taking advantage of benefits under other programs;
- i. Assure that all services are coordinated with other appropriate services in the community and that these services do not constitute an unnecessary duplication of services provided by other sources;
- j. Assure that the proposed project intends to satisfy the service needs of older persons with disabilities and severe disabilities.

- k. Assure that persons age 60 or over who are low income, minority, frail, homebound by reason of illness or incapacitating disability, residing in rural areas or otherwise isolated, shall be given priority in the delivery of services; and
- l. Assure that the proposed project intends to place special emphasis on serving older persons with the greatest economic and social need.

II. CIVIL RIGHTS ACT OF 1964 (AMENDED TO THE CIVIL RIGHTS ACT OF 1991)

The undersigned also AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no persons in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Recipient of Award receives Federal financial assistance from the North Central Connecticut Area Agency on Aging, a recipient of Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measure necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Recipient of Award by NCAAA, this assurance shall obligate the Recipient of Award or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Recipient of Award for the period during which the Federal financial assistance is extended to it by NCAAA.

III. REHABILITATION ACT OF 1973

The undersigned also HEREBY AGREES THAT it will comply with the section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

IV. CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

- a. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of a Federal contract, grant, loan, or cooperative agreement.
- b. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the

undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.

- c. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and subcontracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 for each such failure.

V. CERTIFICATION OF DRUG FREE WORKPLACE

The undersigned HEREBY AGREES THAT it will comply with the Drug-Free Workplace Act of 1988 in matters relating to providing a drug-free work place. The undersigned Provider will:

- a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations of such prohibition;
- b. Establish a Drug-Free Awareness Program to inform employees about all of the following:
 - 1. The dangers of drug abuse in the work place,
 - 2. The person's or organization's policy of maintaining a drug-free work place,
 - 3. Any available counseling, rehabilitation and employee assistance programs, and
 - 4. Penalties that may be imposed upon employees for drug abuse violations.
- c. Provide that every employee who works on the proposed project:
 - 1. Will receive a copy of the company's drug-free policy statement, and
 - 2. Will agree to abide by the terms of the company's statement as a condition of employment for the project.

VI. NON-DISCRIMINATION REGARDING SEXUAL ORIENTATION

The undersigned Provider AGREES THAT it will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or of the State of Connecticut. The Provider also agrees to the following:

- a. Employees are treated when employed without regard to their sexual orientation.
- b. A notice stating the above to be posted in conspicuous places available to employees and applicants.
- c. To comply with Connecticut General Statutes 46a-56.

VII. NON-DISCRIMINATION AND AFFIRMATIVE ACTION

The undersigned Provider AGREES it will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status,

national origin, ancestry, sex, mental retardation, or physical disability, including, but not limited to, blindness, unless it is shown that such a disability prevents the performance of the work involved. The Provider also agrees to the following:

- a. In all solicitations or advertisements for employees to state “affirmative action-equal opportunity employer.”
- b. A notice stating the above to be posted in conspicuous places available to employees and applicants.
- c. To comply with Connecticut General Statutes 46a-56, 46a-68e, and 46a-68f.

VIII. AMERICANS WITH DISABILITIES ACT OF 1990

The undersigned Provider states they are familiar with the terms of this Act and are in compliance with said Act.

IX. UTILIZATION OF MINORITY BUSINESS ENTERPRISES

The undersigned Provider AGREES to use best efforts consistent with 45 C.F.R. 74.160 et seq. (1992) and paragraph 9 of Appendix G; Connecticut General Statutes 13a-95a, 4a-60, 4a-62, 4b-95(b), and 32-9e.

X. CONFIDENTIALITY AND DISCLOSURE OF INFORMATION

Provider is required to safeguard the use, publication, and disclosure of information on all applicants for, and all applicants who receive, services under the contract in accordance with all applicable federal and state laws regarding confidentiality, including the requirements of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the associated regulations, 45 C.F.R. parts 160-164, as may be amended (the “Privacy Rule”) and 45 C.F.R. Section 142.308(a)(2), as may be finalized and amended (the “Chain of Trust” requirement). The Privacy Rule requires written assurances that Provider will appropriately safeguard Protected Health Information (“PHI”). The Chain of Trust provision requires that a contract involving exchange of PHI protect the integrity and confidentiality of the PHI.

XI. AUDIT REQUIREMENTS

Provider agrees that the project will be carried out in accordance with Federal OMB Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Provider further agrees that it shall submit a copy of the completed audit covering the period of the Title III award to NCAAA by March 15th following the end of the program period.

XII. PROJECT PERFORMANCE

The Provider:

- a. Agrees that the project will be carried out in accordance with Title III of the Older Americans Act of 1965, As Amended; the program regulations issued thereto; the policies and procedures established by NCAAA; and the terms and conditions of this application as approved by NCAAA in making an award of funds.
- b. Agrees to identify the source of funding for this project in all publicity materials published

about the project. The following sentence is suggested: "Program is funded in part by the Older Americans Act of 1965, As Amended, through the North Central Area Agency on Aging, Inc."

- c. Agrees that where subcontracts are proposed for the operation of one or more components of the proposal, and are approved as part of any award of funds under Title III, the applicant agency retains full and complete responsibility for the operation of the project in keeping with the policies and procedures established by NCAAA for the project. The applicant agency will be held accountable by NCAAA for all project expenditures, and will ensure that all expenditures incurred by the subcontracting agency(ies) will be in accordance with the cost policies and procedures established by NCAAA, in keeping with the guidelines of the U.S. Administration on Aging. Copies of the proposed subcontracts are submitted with the application.
- d. Agrees to cooperate with NCAAA in its efforts toward developing a comprehensive and coordinated system of services for older persons, by participating in joint planning efforts and other activities mutually agreed upon to meet this goal.
- e. Agrees that all project records and documents shall be open for public inspection, excluding personnel files and the names of clients.
- f. Agrees to keep records and make reports in such form, and content, and within the time frame required by NCAAA. Specifically included, but not restricted to, are monthly financial reports and data for the National Aging Program Information System (NAPIS). No funds will be released unless the required reports are submitted by their respective deadlines.
- g. Agrees that no personal information obtained from an individual in conjunction with the project shall be disclosed in a form that identifies that individual without the written and informed consent of the individual concerned.
- h. Agrees to maintain such accounts and documents so that the status of funds with the award can be determined expeditiously at any time. This includes the disposition of all funds received from NCAAA, and the nature and amount of all charges claimed against such funds.
- i. Agrees to actively seek qualified older persons for paid positions on the project, and to make provisions for volunteer opportunities for older persons.
- j. Agrees to cooperate and assist in efforts undertaken by NCAAA, the Connecticut Department of Social Services (State Unit on Aging), the U.S. Administration on Aging, or any other agency or organization duly authorized by any of the preceding to evaluate the effectiveness, feasibility, and costs of the project.
- k. Agrees to provide for, or participate in, such training as may be necessary to enable paid and volunteer project personnel to perform more effectively on the project.
- l. Certifies that the applicant agency has no commitments or obligations that are inconsistent with compliance of these and any other pertinent Federal regulations and policies, and that any other agency, organization or party, which participates in this project, shall have no such commitments or obligations.

- m. Assures that a minimum match as designated by NCAAA on the total approved project cost will be provided.
- n. Certifies that all other potential sources of funding have been exhausted (Community Development funds, etc.) and duplicate use of various Federal funds does not take place.
- o. Agrees that assessment will generally occur quarterly, whether in the form of review of accounting systems, program output evaluations, or other pertinent items.
- p. Agrees that verification of the “Non-Federal Share/Match” of the award/contract by means of “in-kind vouchers” and other cash and in-kind documentation will be reviewed during assessments or periodic reviews. Verification of the total amount for the project year must be available for audit purposes within thirty days after the close of the project year.
- q. Agrees that line item budget adjustments over \$500.00 or 25% of line items, whichever is less, shall not be made without a written request to NCAAA and approval from NCAAA. Any written requests for budget line item changes must be submitted prior to JUNE 1ST of the program year.

CERTIFICATION

THESE ASSURANCES are given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Recipient of Award by NCAAA, including installment payments after such date on account of applications for Federal financial assistance were approved before such date. The Recipient of Award recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that NCAAA or the United States or both shall have the right to seek judicial enforcement of this assurance.

These assurances, compliances, and conditions are binding on the Recipient of Award, its successors, transferees, and assignees, and the person(s) whose signatures appear below are authorized to sign this assurance on behalf of the Recipient of Award. Non-compliance of any one or more of the above conditions serves as justification for suspension of financial support of the project by NCAAA.

I, the undersigned named below, hereby swear that I am duly authorized legally to bind the Recipient of Award to the above-described certification. I am fully aware that this certification executed on the date and in the county below, is made under penalty of perjury under the laws of the State of Connecticut.

Applicant Agency: _____

Mailing Address: _____

Authorized Official: _____

Title: _____

Signature: _____ Date: _____

ACCOUNTING SYSTEMS CERTIFICATION

STATEMENT TO BE SUBMITTED WHEN APPLICANT IS PRIVATE NON-PROFIT AGENCY (OR A PUBLIC AGENCY) WHOSE ACCOUNTING SYSTEM WILL NOT BE MAINTAINED BY A PUBLIC AGENCY.

North Central Area Agency on Aging, Inc.
151 New Park Avenue, Box 75
Hartford, CT 06106

Dear Funding Agency:

We are certified/duly licensed accountants and have been engaged to examine and report on the financial statement of the _____ (Name of Applicant) which is a private non-profit organization/public agency in _____ (Name of community).

We understand that _____ has applied for an award of \$ _____ from the North Central Area Agency on Aging, Inc. for the period from

_____ to _____ for the use in accordance with the

_____ (Program Title). We have made a study of those internal

accounting control and administrative control procedures of _____ that we

considered relevant to the Funding Agency. Since our study related to procedures

_____ (Applicant) proposes to follow if the funds are awarded, it did

include tests of compliance with such procedures. Our study did not constitute an audit of any financial

statements prepared by the _____ (Applicant). The objective of

internal accounting control is to provide reasonable, but not absolute, assurance as to the safeguarding of

assets against loss from unauthorized use or disposition, and the reliability of financial records for

preparing financial statements and maintaining accountability for assets. We understand that the

objective of those administrative control procedures is to provide similar assurance as to compliance with

its related requirements. The concept of reasonable assurance recognizes that the cost of a system of

internal control should not exceed the benefits derived and also recognizes that the evaluation of these

factors necessarily requires estimates and judgments by management.

There are inherent limitations that should be recognized in considering the potential effectiveness of any system of internal control. In the performance of most control procedures, errors can result from misunderstanding of instructions, mistakes of judgment, carelessness, or other personal factors. Control procedures whose effectiveness depends upon segregation of duties can be circumvented by collusion. Similarly, control procedures can be circumvented intentionally by management with respect to the estimates and judgments required in preparation of financial statements. Further, projection of any evaluation of internal control to future periods is subject to the risk that the procedure may become inadequate because of changes in conditions, and that the degree of compliance with the procedures may deteriorate.

Policies require that the award recipient and its sub-award recipient or contractors have established an accounting system with internal controls adequate to safeguard their assets, check the accuracy and reliability of the accounting data, promote operating efficiency and encourage compliance with prescribed management policies and such additional fiscal, accounting and administrative requirements as may be established. We understand that procedures in conformity with the criteria referred to in the second paragraph of this report are considered by the Funding Agency to be adequate for its purposes in accordance with such Act and related regulations and that procedures that are not in conformity therewith indicate some inadequacy for such purposes. Based on this understanding and on our study, we believe the _____ (Applicant) procedures would be adequate/inadequate (see note below) for the purposes of the North Central Area Agency on Aging, Inc. assuming satisfactory compliance, except for any conditions described which we believe would be material weaknesses in relation to the award to which this report refers. In addition to such weaknesses, other conditions, which we believe would not be in conformity with the criteria referred to above, are described.

(Insert a description of any material weaknesses or other conditions.) This report is intended for use in connection with the award to which the report refers and should not be used for any other purposes.

Signature of Accountant

Name of Accountant

Name of Firm

Date

Note: If the proposed system and controls are considered inadequate, the auditor shall edit the remainder of the report accordingly.

ACCOUNTING SYSTEMS CERTIFICATION

STATEMENT TO BE SUBMITTED BY APPROPRIATE PUBLIC FINANCIAL OFFICE WHEN THE APPLICANT IS A PUBLIC AGENCY OR WHEN THE ACCOUNTING SYSTEM OF A PRIVATE NON-PROFIT AGENCY WILL BE MAINTAINED BY A PUBLIC AGENCY.

North Central Area Agency on Aging, Inc.
151 New Park Avenue, Box 75
Hartford, CT 06106

Dear Funding Agency:

I am the chief financial officer of _____ and, in this capacity, I will be responsible for providing financial services adequate to ensure the establishment and maintenance of an accounting system for the _____ (Name of Applicant) which is a public non-profit agency charged with carrying out a federally funded program in _____ (Name of community). The accounting system and internal control procedures will be adequate to safeguard the assets of such agency(ies), check the accuracy and reliability of accounting data, promote operating efficiency, and encourage compliance with prescribed management policies of the agency(ies).

Signature of Financial Officer

Name of Financial Officer

Title

Name of Public Agency

Date

**COMPLIANCE ASSURANCE FOR APPLICANTS
REQUESTING ACQUISITION, ALTERATION/RENOVATION**

I hereby certify that if this project receives funding under Title III of the Older Americans Act of 1965, as amended, the project operation will comply with the following applicable laws and regulations:

1. Life Safety Code (requires local and State fire safety standards are met)
2. Davis Bacon Act (requires that labor standards, particularly wages, be met - projects should check with appropriate trade unions)
3. Equal Employment Opportunity (requires equal opportunity regardless of race, color, sex, religion, national origin, age, or disability)
4. Architectural Barriers Act (provides requirements for barrier free environment, e.g. ramps, bar handles in bathrooms, etc.)
5. Nondiscrimination on Basis of Handicap (requires that a facility and services be accessible to the handicapped)
6. Civil Rights Act (requires nondiscrimination in any program or activity on the basis of race, color, or national origin)

I further certify that this project does not come under any of the following applicable laws or regulations:

1. National Historic Preservation Act (applies to a facility in a historical building or the immediate vicinity of such a building - check with the State Historical Commission)
2. Uniform Relocation Act (applies to acquisition requests only)
3. Flood Protection Act and Executive Order on Flood Plains (applies to insurance requirements for facilities in a flood plains area - check with Town Clerks Office)

NOTE: If the applicant does come under items 1, 2, or 3 of this part, immediately contact the North Central Area Agency on Aging, Inc. (860)724-6443 for instructions.

Signature of Official Authorized to sign for Applicant

Date Signed

Title of Above Person

FACILITIES AND PROGRAM ACCESSIBILITY SURVEY

Name of Facility _____

Street Address _____

City and Zip Code _____

Owner of Building _____

Management Firm _____

- I. How many entrances for general use? _____
- II. How many floors for general use? _____
- III. Is there one or more elevators in the building? yes no
- IV. If yes, do elevators serve all essential areas
(that should be accessible to the handicapped)? yes no

Note exceptions _____

V. Classify building by circling appropriate number

- | | |
|-------------------------------------|----|
| Governmental..... | 1 |
| Office..... | 2 |
| Industrial..... | 3 |
| Merchandising and Service..... | 4 |
| Restaurant..... | 5 |
| Travel Facility..... | 6 |
| Hotel, Motel, etc. | 7 |
| Apartment..... | 8 |
| Religious..... | 9 |
| Health and Medical..... | 10 |
| Educational..... | 11 |
| Cultural, Recreational, Sports..... | 12 |
| Other (specify) _____ | 13 |

VI. Complete the following survey for the proposed project. Indicate yes or no for each statement by placing an "X" in the appropriate column.

		STRUCTURAL ACCESS
YES	NO	
		All corridors or hallway walls are at least 33 inches wide (will accommodate one handicapped person at a time (load bearing walls)).
		The width of all intersecting corridors are at least 48 inches wide (walls are load bearing).
		All corridors or hallway entrances and exits (that are load bearing) will allow a pivotal turn space of 60 x 60 inches from these areas through the openings.
		Rooms in which activities handicapped persons can be expected to take part in are of sufficient lengths and widths to permit easy maneuverability by at least two wheelchair persons (walls of rooms are load bearing).
		ALL OTHER ACCESS
YES	NO	FACILITY LOCATION
		The facility is so located that the grade of approach to the building does not exceed a slope greater than one foot rise in 12 feet (not a steep hill).
		The approaches to the building are barrier free.
		Sidewalks area a continuing common surface not interrupted by steps or abrupt level changes.
		Walks crossing other walks, driveways or parking lots blend to a common level.
		Walks at the facility entrance level have a level platform area which is at least 5 feet by 5 feet if the doorway swings and the platform extends at least one foot beyond each side of the doorway.
		The entrance platform is 3 feet by 5 feet wide if the entrance door swings into the building and the platform extends at least one foot beyond each side of the doorway.
		Adequate off-street parking spaces are available for the handicapped.
		Parking spaces reserved for handicapped persons are near facility.
		Parking space 12 feet wide allows for persons in wheelchair or crutches to get out from one side of vehicle onto level, smooth and hard surfaces.
		Diagonal or head-on parking provides for space of not less than 12 feet wide between at least two conventional spaces reserved for physically disabled persons.
		Parking is such that disabled person is not compelled to wheel or walk behind parked cars.

YES	NO	
		An adequate number of handicapped reserved spaces are available in accord with the frequency of use of facility by handicapped individuals.
		Walks connecting the parking lot are in conformity with "Walks" under Section E.
		A passenger loading zone is available with necessary level, smooth and hard surface for alighting upon, and in conformity with "Walks" under Section E.

YES	NO	FACILITY
		Adequate ramps with appropriate gradation are in place providing approaches to at least one facility entrance.
		Level or graded approaches to entrance exits.
		Ramps and/or graded approaches do not have a slope greater than one foot rise on 12 feet, or 8.33 percent, or 4 degrees 50 minutes.
		Ramps have at least one handrail 32 inches high even with the ramp surface, smooth rail; that extends one foot beyond the top and bottom of the ramp approaches and conforms with the American Standards Safety Codes for Floor and Wall Openings, Railings & Toe Boards (A12-1932).
		Ramps have non-slip surfaces.
		Ramps have level platforms that conform with Section E.
		Each ramp has at least 6 feet of straight clearance at the bottom.
		Lengthy ramps have level platforms at at least 30-foot intervals for safety and rest purposes and have level platforms whenever the ramps turn.
		Entrance steps exist that are 7 inches or less in height.
		Steps are the same height and less than 6 in number in each flight.
		At least one sturdy handrail exists with each flight of steps to entrance.
		One primary entrance to the facility is usable by individuals in wheelchairs and on walkers and crutches.
		The usable entrance is on a level making elevators or inside ramps accessible to physically handicapped persons.
		Doorways to the facility and to emergency exits are at least 32 inches wide (with door open).

YES	NO	
		The doorsill is one inch or less in height.
		The depth of space on the other side of the doorway is 36 inches or more in depth.
		The floor on either side of the doorway extends at least 12 inches beyond side of the door.
		The door handle is such a device to easily allow a wheelchair person to open and the door's weight is such to allow easy movement by the person through the door unassisted.
		There is at least one entrance door and space beyond meeting the requirements of the above.
		Elevator doors open to 32 inches or more and the depth of the elevator is at least 56 inches.
		All elevator buttons, switches are reachable by wheelchair persons and raised lettering makes identification of floor and safety switches and buttons easily readable by blind persons.

ESSENTIAL AREAS SURVEY

(describe the functions of each of the areas included in the survey)

Area 1 _____

Area 2 _____

Area 3 _____

Area 4 _____

AREA	YES	NO	
1			All essential areas, doorways are at least 32 inches wide (with door open) and the floor is level (no doorsill).
2			“ “ “
3			“ “ “
4			“ “ “
1			There are no steps or other unramped levels in the essential area.
2			“ “ “
3			“ “ “

	YES	NO	
4			“ “ “
1			The ramps incline in essential area to meet Section F.
2			“ “ “
3			“ “ “
4			“ “ “
			Male and female toilet entrances (outside) have clear doorway openings (no sill of at least 32 inches (with door open).
			The outside toilet doors meet Section F.
			There are <u>not</u> two doors in series at the entrance.
			The floor inside is level, without interruptions.
			The free space in the room is at least 60 x 60 inches to permit a wheelchair to turn.
			At least one toilet stall door in each bathroom swings out and the width is at least 32 inches wide (with door open).
			The female and male stalls are at least 36 inches wide and 56 inches deep.
			The stalls have handrails on each side 33 inches high and parallel to the floor.
			The stall seat is not more than 20 inches from the floor.
			Both sexes' toilets have wash basins set at appropriate heights for wheelchair persons clear beneath of piping obstructions so chair persons can come close to the basin.
			All tower, mirror, trash receptacles and other dispensers mounted no higher than 40 inches from the floor.
			Water fountains and coolers have up-front spouts and controls for hand or food operation; not more than 36 inches on walls and 30 inches on coolers and are not within an alcove.
			An appropriate number of public telephones are available for physically disabled persons and at least a reasonable number are equipped for hearing impaired persons and all are so identified.
			All control switches for lights, heat, ventilation, window draperies, fire alarms, and such or frequent or essential use are placed within reach of wheelchair persons.

YES	NO	IDENTIFICATION AND WARNING SIGNALS
		Raised letters or numbers and other Braille devices for directions are used within the facility.
		These are placed at the right or left side of the entrance of each essential area identifying number of room at a height between 4 feet 6 inches and 5 feet 6 inches (average 5 feet) from floor.
		Doors not intended for normal use and that might prove dangerous to a blind person are identified for touch by knurling the door handle or knob (by use of an acceptable plastic, abrasive coating).
		Braille directions in hallways are located so that entrances and emergency exits are easily determined by blind persons.
		Audible warning signals (such as smoke alarms) are accompanied by simultaneous visual signals for the benefit of those with hearing impairments and those who are blind.
		Every effort has been exercised to obviate hazards to physically disabled persons (such as manholes, floor openings and low handling door closures or doors that protrude into hallways) using appropriately placed barricades and hazard lights or audible warnings.
		Low hanging signs, ceiling lights and similar objects and those that protrude into regular traffic ways have been removed or relocated to at least 7 foot height from the floor.

YES	NO	PROGRAMS
		All services for the elderly are equally provided to handicapped persons or at least one of each type of service is available for handicapped individuals in a location and facility that meets accessibility requirements (within a nutrition project or an area agency region). If answer is yes, do not answer the following.
		Materials published for general circulation (newsletter, etc.) are reasonably available either in Braille or tape for older blind persons who wish to and should receive such.
		Special efforts are made to ensure disabled older person have the opportunity and are served meals in a manner not debilitating to their handicap and are not excluded from attending congregate functions.
		Transportation is accessible for physically disabled persons (at least one vehicle providing rides to services regularly available to physically able persons).
		All staff have been made aware of the requirements to serve handicapped older persons.
		Adequate efforts are made to take special services or assistance to handicapped older persons where provisions of such would be in unaccessible facilities. (Such as ENP and AAA central offices).

Printed Name of Reviewer

Title of Person

Signature of Reviewer

Date

CERTIFICATE OF FIRE SAFETY

I certify that I have visited _____ at
(Name of Agency)

_____ in _____
(Address) (City)

and have found that the premises meet fire safety requirements and have sufficient exits.

Signed,

(Fire Marshall)

(Date)