APPENDIX E:
Policies, Procedures, and Guidance - Developed
Title I of the Americans with Disabilities Act of 1990 (ADA) prohibits private employers, state and local governments, employment agencies and labor unions from discriminating against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions, and privileges of employment. The ADA covers employers with 15 or more employees based on an entity-wide employee total count, including state and local governments.

Under the ADA Title II, when a public entity has 50 or more employees based on an entity-wide employee total count, it is required to designate at least one qualified responsible employee to coordinate compliance with ADA requirements.

Below describes the primary role and responsibilities of the ADA/504 Coordinator:

- Ensure that all citizens in the community and members of your workforce have an opportunity to participate in all programs, services, and activities;
- Mitigate ADA violations;
- Serve as the primary point of contact for ADA/504 compliance, for both your employer and for members of the public;
- The name, office address and telephone number of the ADA/504 Coordinator must be available and advertised to employees and the public, as this makes it easy to identify someone to help them with questions and concerns regarding disability discrimination;
- Manage the self-evaluation process of the programmatic barriers in all programs, services, and activities offered by your entity;
- Establish a complaint or grievance procedure to respond to complaints of noncompliance from the public;
- Develop an active ADA Transition Plan to include self-evaluation findings for all programs, services, and activities; and
- Maintaining the availability of the ADA Transition Plan for public inspection for three years after completion.

Below is a list of qualifications that are recommended by the U.S. Department of Justice:

- Be familiar with the entities structures, activities, and employees;
- Knowledge of the ADA and other laws addressing the rights of people with disabilities, such as Section 504 of the Rehabilitation Act;
- Experience with people with a broad range of disabilities;
- Knowledge of various alternative formats and alternative technologies that enable people with disabilities to communicate, participate, and perform tasks;
- Ability to work cooperatively with local entities and people with disabilities;
- Be familiar with any local disability advocacy groups or other disability groups;
- Skills and training in negotiation and mediation; and
- Organizational and analytical skills.
The City of Millington ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities including all employment practices. To request an accommodation and/or an alternate format, please contact John Trusty, ADA/504 Coordinator for Title I at 901-873-5632, or Gary Graves, ADA/504 Coordinator for Title II at 901-873-5800, or Tennessee Relay by dialing 7-1-1.

Date of Request: ____________________________
Name: ____________________________
Address: ____________________________
City, State, Zip Code: ____________________________
Work Phone: ____________________________
Home Phone: ____________________________
Email Address: ____________________________

1. Document Name / Author: ____________________________
   Document Location: ____________________________
   Document Type:
   Book  Handout  Flyer  Form  Other ____________________________

2. Please describe the type of alternate format needed.
   PDF  Braille  Large Print  Audio  Other ____________________________

3. If you are not sure of the alternate format that is needed, please provide any details and suggestions that would assist in the accommodation process?

______________________________________________________________________________

Please attached or provide any additional information that might be useful in processing this request.

The completed form must be submitted to:

Title I:
John Trusty, ADA/504 Coordinator
7930 Nelson Road
Millington, TN 38053
Phone: 901-873-5632
Fax: 901-873-5636
Tennessee Relay: 7-1-1
j.trusty@millingtontn.gov

Title II:
Gary Graves, ADA/504 Coordinator
7930 Nelson Road
Millington, TN 38053
Phone: 901-873-5800
Fax: 901-873-2284
Tennessee Relay: 7-1-1
g.graves@millingtontn.gov

Signature ____________________________
Date ____________________________
CITY OF MILLINGTON
ALTERNATE FORMAT POLICY AND PROCEDURE

Under the ADA, public entities are responsible for providing ADA accessible communications. Accessible communications may include any documents/information disseminated from the entity.

If an individual would like to request an alternate format, the request process is as follows:

1. Any Department that receives a request for an alternate format, or is seeking an alternate format, must submit a written request using the City of Millington’s Alternate Format Form. Copies of this form can be found on the City’s website, or by contacting the ADA/504 Coordinator.

   **Title I:**
   John Trusty, ADA/504 Coordinator
   7930 Nelson Road
   Millington, TN 38053
   Phone: 901-873-5632
   Fax: 901-873-5636
   Tennessee Relay: 7-1-1
   j.trusty@millingtontn.gov

   **Title II:**
   Gary Graves, ADA/504 Coordinator
   7930 Nelson Road
   Millington, TN 38053
   Phone: 901-873-5800
   Fax: 901-873-2284
   Tennessee Relay: 7-1-1
   g.graves@millingtontn.gov

2. The completed Alternate Format Form should be submitted to the City’s ADA/504 Coordinator and include a copy of the original format for reference.

3. The ADA/504 Coordinator will research the internal availability of the requested alternate format and communicate internally with the Department that originated the document. If the alternate format is available in-house, please allow a 72-hour turnaround time to access the alternate format. Any costs associated with the alternate format would be the responsibility of the Department that originated the document. Once the document is available, the ADA/504 Coordinator will contact the requestor to determine the best course of delivery of the document.

4. If the alternate format is unavailable internally, the ADA/504 Coordinator will coordinate with the Department staff to have the document sent to a vendor on the approved vendor list. Any costs associated with the alternate format would be the responsibility of the Department that originated the document. Depending on the scope of the request, please allow at least 72-hour turnaround time to receive the document. When selecting a vendor, ensure they can provide the requested document as soon as possible. Once the document is available, the ADA/504 Coordinator will contact the requestor to determine the best course of delivery of the document.
5. If mail is used to deliver the document, certified mail should be used to ensure delivery. Once the certified mail receipt is received, the ADA/504 Coordinator will follow-up with the requestor to verify the receipt of the document and to ensure the format meets their needs.

*Please make sure the ADA/504 Coordinator updates the Alternate Format Request Log with details regarding the requested form and the requested outcome. The log should include details regarding timelines throughout the process.
CITY OF MILLINGTON
REASONABLE ACCOMMODATION REQUEST PROCESS

Qualified individuals with a disability needing reasonable accommodations must use this request process:

1. Anyone seeking a reasonable accommodation must submit a verbal or written request using the City’s Reasonable Accommodation Form. Request received verbally will be captured using the City’s form with the requestor verifying the terms of the request. Copies of this form can be found on the City’s website, or by contacting the City of Millington’s ADA/504 Coordinator.

   John Trusty, ADA/504 Coordinator
   7930 Nelson Road
   Millington, TN 38053
   Phone: 901-873-5632
   Fax: 901-873-5636
   Tennessee Relay: 7-1-1
   j.trusty@millingtontn.gov

2. The requestor should submit the completed form to his or her immediate supervisor. The form must also include any available documentation supporting the stated needs based upon the disability. This request form starts the documentation process, and the Supervisor must create a file and document the Reasonable Accommodation process.

   When the request requires higher administrative approval or the Department believes it is in the best interest for the City’s ADA/504 Coordinator to oversee the request, the immediate supervisor will review the request and forward it with a written recommendation to the Department Manager within two (2) business days of receiving the request. The Department Manager will then refer the request to the ADA/504 Coordinator in writing within two (2) business days of receiving the request, and the ADA/504 Coordinator will continue with the accommodation process.

3. The Supervisor or Department Manager will contact the applicant or employee within ten (10) business days of receiving the request to begin discussing the accommodation request.

   The Supervisor or Manager may request supporting documentation from a qualified and appropriate medical provider that describes the impairment; the nature, severity, and duration of the impairment; the activity or activities that the impairment limits; and the extent to which the impairment limits the employee’s ability to perform the activity or activities. The appropriate medical provider will depend on the disability and the type of functional limitation. Appropriate medical professionals include, but are not limited to, doctors (including psychiatrists), psychologists, nurses, physical therapists, occupational therapists, speech therapists, vocational rehabilitation specialists, and licensed mental health professionals. The individual may be asked to sign a limited release allowing the employer to submit a list of specific questions to the medical provider.
Within thirty (30) calendar days of submitting a request for a reasonable accommodation, the requestor should submit supporting medical documentation. In the event the documentation is not provided within the allotted time frame, the Supervisor or Manager will provide the requestor a notice in writing of their failure to provide sufficient documentation and conclude the reasonable accommodation request process.

Supervisors or Managers may not request medical records at any time as medical records may contain information unrelated to the disability and the requested accommodation.

Supporting medical documentation may not be necessary if there is a previous record of the disability or the disability is obvious. For requests that do not require medical documentation, the Supervisor or Manager may discuss the nature of the disability and functional limitations with the requestor.

4. After medical documentation is received, the supervisor or manager will decide upon the request utilizing the interactive process. This process includes:
   1) analysis of the requestor’s job to determine the essential functions,
   2) a consultation with the requestor to ascertain the precise job-related limitations imposed by the requestor’s disability and how to mitigate the limitation with a reasonable accommodation,
   3) identification of potential accommodations and, in conjunction with the requestor, an assessment of the effectiveness of those accommodations in enabling the employee to perform the essential functions of the job,
   4) consideration of the accommodation preference of the requestor and the selection and implementation of the accommodation that is appropriate for the requestor and the employer, and
   5) consideration of the overall needs of the office.

Communication is a priority throughout the entire process, but particularly when the specific limitation, problem, or barrier is unclear; or when the parties are considering different forms of reasonable accommodations. Both the individual making the request and the decision-maker should work together to identify effective accommodations.

_The accommodation need not be the most expensive, nor is it required to be what the requestor desires, but it must be effective._

5. Upon receiving and reviewing all the information, the Supervisor or Department Manager will determine if the requested accommodation will cause an undue hardship on the City as a whole. Undue hardships may include financial difficulty, disruptiveness to the workplace, or those that would fundamentally alter the nature or operation of the agency. All undue hardship determinations are on a case-by-case basis.

If any accommodation causes an undue hardship, the Department Manager must submit a written statement to the City’s ADA/504 Coordinator, providing all pertinent information including the reasons for reaching this conclusion. In turn, the ADA/504 Coordinator will review the reasonable accommodation request and consider all resources available to determine if the request is an undue hardship.
Once a determination has been made, the ADA/504 Coordinator will draft a written statement of concurrence or nonoccurrence of undue hardship with recommendations for the Department Manager. Once received, the ADA/504 Coordinator will draft a letter of conclusion for the requestor and applicable City staff.

6. Before making a final determination, the Supervisor or Manager may need to consult with other resources (e.g., an employee’s supervisor, Information Technology staff) or outside sources to obtain necessary information.

7. Upon making a final determination, the ADA/504 Coordinator will provide written notification to the requestor and all applicable City staff involved. The determination will include a summary of the accommodation, including all accommodations identified as a result of the interactive process. The notification of all accommodations will occur within thirty (30) days of receipt of the request.

Implementation of all reasonable accommodations will occur within ninety (90) days of the final decision.

An evaluation of all implemented reasonable accommodations will take place after a thirty (30) day trial period. This re-evaluation shall include a meeting with the requestor and all applicable City staff involved.
REASONABLE ACCOMMODATION REQUEST FORM

The City of Millington ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities including all employment practices. To request an accommodation and/or an alternate format, please contact John Trusty, ADA/504 Coordinator at 901-873-5632, or Tennessee Relay by dialing 7-1-1.

Name: ____________________________________________
Address: ____________________________________________
City, State, Zip Code: ____________________________________________
Work Phone: __________________________ Alternate Number: __________________________
Email Address: ____________________________________________

Type(s) of Disability(ies):
*Please note, this information is not required and is voluntary.

☐ Speech ☐ Hearing ☐ Visual
☐ Mobility ☐ Mental / Emotional ☐ Other: ____________________________

1. What limitation(s) are interfering with your ability to perform your job, access an employment benefit and/or any provided program, service, or activity? ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

2. How do these limitations impact your ability to perform your essential job duties? ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

3. What specific job tasks are problematic as a result of these limitations? ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
4. What specific accommodation are you requesting? If known, please identify the source of the accommodation(s). ____________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

5. If you are not sure of the accommodation needed, do you have any recommendations? __________________________________________________________

________________________________________________________

________________________________________________________

6. If you are requesting a specific accommodation, how will that accommodation assist you? __________________________________________________________

________________________________________________________

________________________________________________________

Please attached and/or provide any additional information that might be useful in processing your accommodation request. Any requests for specific accommodation will be taken into consideration. However, alternate accommodations may be provided if it is determined during the interactive process that an alternate accommodation is effective, appropriate, and reasonable in meeting the requestor’s needs.

The completed form must be submitted to:

John Trusty, ADA/504 Coordinator
7930 Nelson Road
Millington, TN 38053
Phone: 901-873-5632
Fax: 901-873-5636
Tennessee Relay: 7-1-1
j.trusty@millingtontn.gov

________________________________________________________

Signature

________________________________________________________

Date
CITY OF MILLINGTON
REASONABLE MODIFICATION REQUEST PROCEDURE

Qualified individuals with a disability needing a reasonable modification to any provided program, service, and activity, must use this request process:

1. Anyone seeking a reasonable modification must submit a verbal request or written request using the City’s Reasonable Modification Form. Request received verbally will be captured using the City’s form with the requestor verifying the terms of the request. This form is located on the City’s website, or by contacting the ADA/504 Coordinator.

   Gary Graves, ADA/504 Coordinator
   7930 Nelson Road
   Millington, TN 38053
   Phone: 901-873-5800
   Fax: 901-873-2284
   Tennessee Relay: 7-1-1
   g.graves@millingtontn.gov

2. The form must include any available documentation supporting the stated need based upon a disability. This request form starts the documentation process, and the ADA/504 Coordinator must create a file and document the entire Reasonable Modification process.

3. The City’s ADA/504 Coordinator will contact the requestor within ten (10) business days after the request is received to begin discussing the modification request.

   The City’s ADA/504 Coordinator must engage with the requestor to begin the interactive process regarding their impairment and the modification requested. This process includes:

   1) analysis of the particular program, services, and activity to determine the purpose and nature;
   2) a consultation with the requestor to determine the limitations imposed by the program, services, and activity and how to overcome those limitations with a reasonable modification; and
   3) both parties identify and assess the effectiveness of the requested modifications and provide alternate modification ideas to enable the requestor access to the program, service, and activity.

   *The City must not request any medical documentation regarding the requestor’s disability.

Communication is a priority throughout the entire process, but particularly when the specific limitation, problem, or barrier is unclear; or when the parties are considering different forms of reasonable modifications. Both the individual making the request and the decision-maker should work together to identify effective modifications. The modification need not be the most expensive, nor is it required to be what the requestor desires, but it must be effective.
4. Once a joint decision has been made regarding which modification will be the most effective, the City’s ADA/504 Coordinator will determine if the requested modification will cause an undue hardship on the City as a whole. Undue hardships may include financial difficulty, disruptiveness, or those that would fundamentally alter the nature or operation of the agency. All undue hardship determinations are on a case-by-case basis.

If any modification causes an undue hardship, the ADA/504 Coordinator must submit a written statement to the __________________, providing all of the request information and a written statement detailing the reasons for reaching this conclusion. In turn, the __________________ will review the case and consider all resources available to determine if the modification request is an undue hardship.

If the __________________ determines the claim is an undue hardship, a written statement of concurrence or nonoccurrence with recommendations, will be drafted along with all case documentation, to the __________________ for his/her final decision. Once this decision has been made, the ________________ must draft a written statement to the requestor and copy the City’s ADA/504 Coordinator expressing their claim for undue hardship and provide an alternate modification that would be excepted by the __________________.

5. The ADA/504 Coordinator will determine if the reasonable modification selected as a result of the interactive process will result in an undue hardship on the City. The determination will be in writing and sent to the requestor and all applicable City staff within thirty (30) days of the receipt of the request. The written determination will contain details such as the type of modification including if it will be temporary or permanent, details regarding the program, service, and activity, and when and where the implementation of the modification will occur.

If the modification is permanent, please make sure to implement the modification agency-wide to ensure compliance with future programs, services, and activities. All files and logs will reflect any changes and modifications implemented or denied as an undue hardship to show the City’s good faith effort to comply with the ADA.

Please keep in mind that the ADA/504 Coordinator may need to consult with other personnel (e.g., a City employee, Information Technology staff) or outside sources to obtain necessary information necessary to reach a determination.

6. Implementation of all Reasonable Modifications will take place within ninety (90) days of the final decision.

All Reasonable Modifications implemented will be re-evaluated after a thirty (30)-day trial period to ensure the modification are effective. The re-evaluation shall include a meeting with the requestor and all applicable City staff.
The City of Millington ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered, its recipients, sub-recipients, and contractors. To request a modification and/or an alternate format, please contact Gary Graves, ADA/504 Coordinator at 901-873-5800, or Tennessee Relay by dialing 7-1-1.

Name: ________________________________
Address: ________________________________
City, State, Zip Code: ________________________________
Phone Number: ________________________________
Alternate Number: ________________________________
Email Address: ________________________________

Type(s) of Disability(ies):
*Please note, this information is not required and is voluntary.
- [ ] Speech  - [ ] Hearing  - [ ] Visual  
- [ ] Mobility  - [ ] Mental / Emotional  - [ ] Other: ________________________________

1. What limitation(s) are interfering with your ability to attend a provided program, service, and/or activity? ________________________________
   ________________________________
   ________________________________
   ________________________________

2. What specific modification to a provided program, service and/or activity are you requesting? If known, please identify the source of the modification(s). ________________________________
   ________________________________
   ________________________________
   ________________________________

3. If you are not sure of the modification needed, do you have any recommendations? ________________________________
   ________________________________
   ________________________________
   ________________________________

4. If you are requesting a specific modification, how will that modification assist you? ________________________________
   ________________________________
   ________________________________
   ________________________________
Please attached and/or provide any additional information that might be useful in processing your modification request. Any requests for specific modifications will be taken into consideration. However, alternate modifications may be provided if it is determined during the interactive process that an alternate modification is effective, appropriate, and reasonable in meeting the requestor’s needs.

The completed form must be submitted to:

Gary Graves, ADA/504 Coordinator (Title II)
7930 Nelson Road
Millington, TN 38053
Phone: 901-873-5800
Fax: 901-873-2284
Tennessee Relay: 7-1-1
g.graves@millingtontn.gov

____________________________________  ______________________________________
Signature                                                              Date
CITY OF MILLINGTON
SERVICE ANIMAL GUIDANCE FOR REASONABLE ACCOMMODATIONS

A reasonable accommodation is any modification or adjustment to a job or a work environment that will allow a qualified applicant or employee with a disability to participate in the application process or to perform essential job functions. A reasonable accommodation may also include the use of service animals. Accommodations may vary as individuals use service animals for many reasons.

According to the U.S. Equal Employment Opportunity Commission (EEOC), Title I does not require employers to allow employees to bring their service animals to work. Allowing service animals into the workplace would be considered as a form of a reasonable accommodation. Under Title I, there is not a specific definition of a service animal. So, employers may have to consider allowing an employee to bring an animal to work that does not meet the Title III definition of service animals, such as a therapy or emotional support animal. However, employers do have the option to disallow an employee to bring an animal into the workplace if it is disruptive or may cause an undue hardship. Whatever the decision, the employer must provide documentation to defend the City’s decision.

Under the ADA, employers have the right to request documentation supporting the request for an accommodation. Documentation must be obtained from a doctor, health care provider, or whoever trained the service animal. All employers have the right to require that service animals be fully trained and capable of functioning appropriately for the employee and others in a workplace setting. Any individual that trains their animal needs to be able to provide documentation or be able to demonstrate that the service animal is fully trained and will not disrupt the workplace.

When an employee brings a service animal in the workplace, they are personally responsible for their care. However, the employer should consult with the employee to find out what accommodations may be needed to care for the animal. (e.g., having a flexible breaktime schedule to allow the individual to take the service animal outside)

At this time, there is no law or decision stating that the employer is responsible for providing an animal relief area. However, it would benefit the employee and employer to provide a relief area to accommodate the service animal and to provide sufficient support to the employee. This support would provide a more productive and clean work environment.
COMMONLY ASKED QUESTIONS REGARDING SERVICE ANIMALS

1. What is a service animal under Title III of the ADA?

   • A service animal is an animal that assists individuals with disabilities in performing tasks that cannot be completed due to a disability. The U.S. Department of Justice (DOJ) defines a service animal as any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability.

2. What types of work or tasks do service animals perform?

   • DOJ provides examples of tasks, which includes, but are not limited to, assisting individuals who are blind or have low vision with navigation and other tasks, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, providing non-violent protection or rescue work, pulling a wheelchair, assisting an individual during a seizure, alerting individuals to the presence of allergens, retrieving items such as medicine or the telephone, providing physical support and assistance with balance and stability to individuals with mobility disabilities, and helping persons with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors.

3. What are some tips for when interacting with a service animal?

   • When approaching a person with a disability that is accompanied by a service animal, always address the person and not the animal;
   • Service animals are working animals and not pets. Do not touch, pet or feed the service animals without permission of the owner; and
   • Do not allow other animals to approach a service animal without permission of the owner.

4. What is the difference between service, therapy, companion, and social/therapy animals under Title II of the ADA?

   • Service animals are legally defined under Title III of the Americans with Disabilities Act (ADA) and are trained to meet the disability-related needs of individuals with disabilities. The ADA protects the rights of individuals with disabilities to be accompanied by their service animals in public places. Service animals are not to be considered as pets.

   • Therapy and companion animals are not legally defined under the ADA. However, some states have laws defining them. Most therapy and companion animals are personal pets and work with their handlers to provide services to others. Federal laws have no provisions for people to be accompanied by therapy or companion animals in places of public accommodation that have no pets policies.
• Social/therapy is not legally defined under the ADA. Often, these animals did not complete service animal or service dog training due to health, disposition, trainability, or other factors, and are made available as pets for people who have disabilities. These animals might or might not meet the definition of service animals.

5. As an employer, what questions should be considered when receiving a request for a reasonable accommodation regarding a service animal?

• Has the ADA/504 Coordinator been notified of the request?
• Has the employee and the ADA/504 Coordinator been started the interactive process regarding their accommodation?
• What limitations is the employee experiencing, and how do these limitations affect the employee and their job performance?
• What specific job tasks are being challenged as a result of these limitations?
• What accommodations are available to reduce or eliminate these challenges?
• Has the employee and ADA/504 Coordinator met thirty (30) days after the accommodation is in place to re-evaluate the effectiveness of the accommodation and to determine whether additional accommodations are needed?

6. What are some examples of reasonable accommodations regarding service animals in the workplace?

• Allowing service animals in the workplace;
• Allowing an employee to take leave to participate in individualized service animal training;
• Providing a private/enclosed workspace for an employee and their service animal;
• Provide an animal relief area;
• Providing flexible breaktimes for animal relief and basic daily needs;
• Provide service animal interaction training for all employees; and
• Provide office space near a door and out of high traffic areas.

7. How does an employer handle a situation with another employee who may be allergic to the service animal?

• Allow the employees to work in different areas of the building;
• Establish different paths of travel for each employee;
• Provide one or each of the employees with private/enclosed workspace;
• Use a portable air purifier;
• Allow flexible scheduling, so the employees do not work at the same time;
• Allow one of the employees to work at home or to move to another location;
• Ask the employee who uses the service animal if they can temporarily use other accommodations to replace the functions performed by the service animal for meetings attended by both employees;
• Provide an alternative way of communication between employees, such as e-mail, telephone, teleconferencing, and videoconferencing;
- Request that the employee uses the service animal if they can use dander care products on the animal regularly;
- Ask the employee who is allergic to the service animal to wear an allergen mask;
- Provide high-efficiency particulate air (HEPA) filters to the existing ventilation system; and
- Have the work area cleaned, dusted, and vacuumed regularly.
A reasonable modification is any modification or adjustment to a City provided program, service, or activity to ensure ADA accessibility. Reasonable modifications may include the use of a service animal. Such accommodations may vary as individuals use service animals for many reasons.

Titles II and III of the ADA states that service animals are allowed in public facilities. A service animal must be allowed to accompany the handler to any place in the building or facility where members of the public are allowed. Most entities have a no pets policy. However, this policy does not apply to service animals and does not allow a business to exclude service animals.

An individual traveling with a service animal cannot be denied access to transportation, even if there is a no pets policy. The individual with a service animal cannot be forced to sit in a particular spot; no additional fees can be charged because the person uses a service animal, and the customer does not have to provide advance notice that they will be traveling with a service animal.

When an individual with a service animal enters a public facility, the person cannot be asked about the nature or extent of their disability. Only two questions may be asked:

1. Is the animal required because of a disability?
2. What work or task has the animal been trained to perform?

A public facility is not allowed to ask for documentation or proof that the animal has been certified, trained, or licensed as a service animal. Local laws that prohibit specific breeds of dogs do not apply to service animals.

Service animals may be excluded when an animal’s behavior poses a direct threat to others health and safety that cannot be reduced or eliminated by modifications to policies, practices, and procedures. Also, service animals can be excluded if a service animal would fundamentally alter the nature of the business.
COMMONLY ASKED QUESTIONS REGARDING SERVICE ANIMALS

1. What is a service animal under Title III of the ADA?

   - A service animal is an animal that assists individuals with disabilities in performing tasks that cannot be completed due to a disability. The U.S. Department of Justice (DOJ) defines a service animal as any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability.

2. What types of work or tasks do service animals perform?

   - DOJ provides examples of tasks, which includes, but are not limited to, assisting individuals who are blind or have low vision with navigation and other tasks, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, providing non-violent protection or rescue work, pulling a wheelchair, assisting an individual during a seizure, alerting individuals to the presence of allergens, retrieving items such as medicine or the telephone, providing physical support and assistance with balance and stability to individuals with mobility disabilities, and helping persons with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors.

3. What are some tips for when interacting with a service animal?

   - When approaching a person with a disability that is accompanied by a service animal, always address the person and not the animal;
   - Service animals are working animals and not pets. Do not touch, pet or feed the service animals without permission of the owner; and
   - Do not allow other animals to approach a service animal without the permission of the owner.

4. How can I tell if an animal is really a service animal and not just a pet?

   - Most service animals wear special collars and harnesses. Some service animals are licensed or certified and have identification papers. If you are not certain that an animal is a service animal, you may ask the person who has the animal if it is a service animal required because of a disability.

5. What is the difference between service, therapy, companion, and social/therapy animals under Title II of the ADA?

   - Service animals are legally defined under Title III of the Americans with Disabilities Act (ADA) and are trained to meet the disability-related needs of individuals with disabilities. The ADA protects the rights of individuals with disabilities to be accompanied by their service animals in public places. Service animals are not to be considered as pets.
Therapy and companion animals are not legally defined under the ADA. However, some states have laws defining them. Most therapy and companion animals are personal pets and work with their handlers to provide services to others. Federal laws have no provisions for people to be accompanied by therapy or companion animals in places of public accommodation that have no pets policies.

6. What must I do when an individual with a service animal comes into the building?

- The service animal must be permitted to accompany the individual with a disability to all areas of the facility where the public is allowed. These individuals with service animals must not be segregated from other individuals.

7. I have always had a "no pets" policy at my establishment. Do I still have to allow service animals?

- A service animal is not a pet. The ADA requires no pets policies to be modified to allow the use of a service animal by a person with a disability.

8. Can I charge a maintenance or cleaning fee for customers who bring service animals into the building?

- Neither a deposit nor a surcharge may be charged to an individual with a disability who has a service animal. However, charges may be applied if a service animal causes damage so long as it is the regular practice of the entity to charge non-disabled customers for the same types of damages. (e.g., A hotel can charge a guest with a disability for the cost of repairing or cleaning furniture damaged by a service animal if it is the hotel's policy to charge when non-disabled guests cause such damage)

9. Am I responsible for the animal while the person with a disability is in the building?

- The care or supervision of a service animal is solely the responsibility of his or her handler. The City is not required to provide care or food or a special location for the animal.

10. Are miniature horses allowed as a service animal?

- A public entity or private business must allow a person with a disability to bring a miniature horse on the premises as long as it has been individually trained to do work or perform tasks for the benefit of the individual with a disability. However, an organization can consider whether the facility can accommodate the miniature horse based on the horse’s type, size, and weight.
SECTION 508 COMPLAINT FORM

The City of Millington ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities including all employment practices. To request an accommodation and/or an alternate format, please contact Gary Graves, ADA/504 Coordinator at 901-873-5800, or Tennessee Relay by dialing 7-1-1.

Date of Filing: ________________________________
Name: ________________________________
Address: ________________________________
City, State, Zip Code: ________________________________
Work Phone: ________________________________
Home Phone: ________________________________
Email Address: ________________________________

1. Describe the electronic and information technology in question: ________________________________
   ________________________________
   ________________________________
   ________________________________

2. Describe the non-conformance with the information technology accessibility standards in sufficient detail as to allow a thorough investigation: ________________________________
   ________________________________
   ________________________________

3. What remedy are you requesting? Please be specific: ________________________________
   ________________________________
   ________________________________

Please attached and/or provide any additional information that might be useful in processing your complaint.

The completed form must be submitted to:

Gary Graves, ADA/504 Coordinator (Title II)
7930 Nelson Road
Millington, TN 38053
Phone: 901-873-5800
Fax: 901-873-2284
Tennessee Relay: 7-1-1
q.graves@millingtontn.gov

______________________________  ________________________________
Signature  Date
Date of Filing: ____________________________
Name: _________________________________
Address: ______________________________________
City, State, Zip Code: __________________________
Work Phone: __________________________________
Home Phone: _________________________________
Email Address: ________________________________
Date of Alleged Incident: ________________________

Indicate below the person(s) who you believe discriminated against you:

Name(s): ______________________________________
Work Location: __________________________________
Work Phone: ____________________________________

Please provide a detailed description of the alleged incidence of discrimination. If there are any witnesses, please provide their contact information. Attach additional pages as necessary.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Please provide a suggested detailed plan or remedy for this complaint. Attach additional pages as necessary.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Have you filed or do you intend to file a complaint concerning this incident with any other agencies (Federal, State or Local)?

☐ Yes  ☐ No

If so, please provide the following information:

Agency Name: ________________________________
Address: ____________________________________
Name of Investigator: __________________________
Phone Number: _______________________________
Email Address: _________________________________
Date Filed: _________________________________
Status of Complaint: _______________________________________

Please attach and/or provide any additional information that might be useful in processing your complaint.

The completed form must be submitted to:

John Trusty, ADA/504 Coordinator
7930 Nelson Road
Millington, TN 38053
Phone: 901-873-5632
Fax: 901-873-5636
Tennessee Relay: 7-1-1
j.trusty@millingtontn.gov

Signature ___________________________ Date ___________________________
CITY OF MILLINGTON
SECTION 508 OF THE REHABILITATION ACT OF 1973

Section 508 of the Rehabilitation Act of 1973 requires that all electronic and information technologies developed and used by any Federal government agency must be accessible to people with disabilities. Electronic and Information Technology includes websites, video and audiotapes, electronic books, televised programs, and other such media. Individuals with disabilities may still have to use special hardware and/or software to access the resources.

The State of Tennessee has not officially adopted these technology requirements. However, the City of Millington should utilize the State’s stance on the website and other digital media policies and procedures. The State of Tennessee Electronic and Information Technology (EIT) accessibility statement can be found here: https://www.tn.gov/web-policies/accessibility.html

The City of Millington ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by the City, its recipients, sub-recipients, and contractors.

COMPLAINT PROCESS

In the event an individual believes that the City has failed to comply with the Americans with Disabilities Act of 1990 and Section 508 of the Rehabilitation Act of 1973, the individual or group of individuals may file a complaint with the City. The process for filing a Section 508 Complaint is as follows:

1. A written complaint should be filed using the City’s Section 508 Complaint form. Copies of this form may be printed from the City’s website, or a copy may be obtained by contacting the ADA/504 Coordinator.

   Gary Graves, ADA/504 Coordinator (Title II)
   7930 Nelson Road
   Millington, TN 38053
   Phone: 901-873-5800
   Fax: 901-873-2284
   Tennessee Relay: 7-1-1
   g.graves@millingtontn.gov

2. Upon receipt of a complaint, the ADA/504 Coordinator will review the complaint to determine whether the technology listed in the complaint is subject to the IT accessibility standards.
3. The Coordinator will then send a written notice to the complainant within ten (10) business days, excluding holidays, from the receipt of the written complaint, which will include:
   1) a statement indicating whether the technology in question is or is not subject to the IT Accessibility Standards;
   2) a statement that the agency will conduct a review to confirm whether the technology in question is non-compliant, if the technology in question has been determined to be subject to the IT Accessibility Standards; and
   3) a copy of these complaint procedures.

4. The Coordinator will conduct a review within thirty (30) days from the receipt of the written complaint to determine whether the technology in question is noncompliant. The Department IT Steering Committee and the Web Administrator may assist the review, if necessary.

5. Upon completion of the review, the City will then provide a written decision to the complainant.

If the complainant is not satisfied with the final complaint response issued by an agency, an appeal can be filed with the Information Services Director of the Office of State Finance (OSF).

SECTION 508 APPEAL PROCESS

If the complainant is not satisfied with the final complaint response issued by the City, an appeal can be filed as follows:

If a complainant is not satisfied with the final complaint response issued by the agency, a complaint may be refilled with the Information Services Director of the Office of State Finance (OSF).

Contact Name, Title  
Office of State Finance  
Address  
City, State Zip  
Phone Number  
Tennessee Relay: 7-1-1  
Email Address
This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 ("ADA"). It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of disability in the provisions of employment-related complaints of disability discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

John Trusty, ADA/504 Coordinator
7930 Nelson Road
Millington, TN 38053
Phone: 901-873-5632
Fax: 901-873-5636
Tennessee Relay: 7-1-1
j.trusty@millingtontn.gov

Within 15 calendar days after receipt of the complaint, the ADA/504 Coordinator will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, the ADA/504 Coordinator will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the City and offer options for substantive resolution of the complaint.

If the response by the ADA/504 Coordinator does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision, in writing, within 15 calendar days after receipt of the response to the City Manager’s Office.

Within 15 calendar days after receipt of the appeal, the City Manager’s Office will contact the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the discussion, the City Manager’s Office 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/504 Coordinator, appeals to the City Manager’s Office, and responses from these two offices will be retained by the City of Millington for at least three (3) years.

*Please note, the use of these procedures does not prohibit anyone from filing a complaint or an appeal with the Tennessee Human Rights Commission, U.S. Equal Employment Opportunity Commission and the U.S. Department of Justice.*
CITY OF MILLINGTON
RETALIATION OR COERCION POLICY

No private or public entity shall discriminate or retaliate against any individual because that individual has opposed any act or practice made unlawful or because that individual made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under the Act.

No private or public entity shall coerce, intimidate, threaten, or interfere with any individual in the exercise or enjoyment of, or on account of his or her having exercised or enjoyed, or on account of his or her having aided or encouraged any other individual in the exercise or enjoyment of, any right granted or protected by the Act.
CITY OF MILLINGTON
ADA NON-DISCRIMINATION STATEMENT UNDER
THE AMERICANS WITH DISABILITIES ACT

The City of Millington is a recipient / sub-recipient of federal funds. As a governing condition of receiving these federal funds, the City of Millington is required to ensure non-discrimination in all programs, services, and activities that are offered to employees and to the public. In a good faith effort to ensure non-discrimination, the City shall provide a non-discrimination statement to be utilized City-wide. As of August 13, 2019, the following discrimination statement must be included in all information that is provided to employees and to the public:

**Title I (Employment Practices):**

The City of Millington ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities including all employment practices. To request an accommodation and/or an alternate format, please contact John Trusty, ADA/504 Coordinator at 901-873-5632, or Tennessee Relay by dialing 7-1-1.

**Title II (Public Practices):**

The City of Millington ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered, its recipients, sub-recipients, and contractors. To request a modification and/or an alternate format, please contact Gary Graves, ADA/504 Coordinator at 901-873-5800, or Tennessee Relay by dialing 7-1-1.

*By utilizing the above statement, the City satisfies not only the ADA Non-Discrimination requirement, but Title VI as well.*
CITY OF MILLINGTON
ADA NON-DISCRIMINATION CLAUSE POLICY

The following ADA Non-Discrimination Clause shall be included in all City contracts that are funded with federal monies. Each individual Department must obtain the ADA Non-Discrimination Clause for their Department from the ADA/504 Coordinator.

Please contact the ADA/504 Coordinator at:

John Trusty, ADA/504 Coordinator
7930 Nelson Road
Millington, TN 38053
Phone: 901-873-5632
Fax: 901-873-5636
Tennessee Relay: 7-1-1
j.trusty@millingtontn.gov
The Americans with Disabilities Act Non-Discrimination Contract Clause

The City of Millington assures that no qualified person with a disability shall, solely by reasons of their disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity administered by the City.

Specifically, the following discriminatory actions are prohibited:

1. In providing any aid, benefit, or service, the Contractor will not directly or through contractual, licensing, or other arrangements, on the basis of disability:
   a) Deny a qualified person with a disability the opportunity to participate in or benefit from the aid, benefit or service.
   b) Afford a qualified person with a disability an opportunity to participate in or benefit from the aid, benefit, or service that is not substantially equal to that afforded persons who do not have a disability.
   c) Provide a qualified person with a disability an aid, benefit or service that is not as effective in affording equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as persons without disabilities.
   d) Provide different or separate aid, benefits, or services to persons with disabilities or to any class of persons with disabilities unless such action is necessary to provide the aids, benefits or services that are as effective as those provided to persons without disabilities.
   e) Aid or perpetuate discrimination against a qualified person with a disability by providing financial or other assistance to an agency, organization, or person that discriminates on the basis of disability.
   f) Deny a qualified person with a disability the opportunity to participate in conferences, planning or advising opportunities.
   g) Otherwise limit a qualified person with a disability in the enjoyment of any right, privilege, advantage or opportunity enjoyed by others receiving an aid, benefit, or service.

2. For purposes of these assurances, aids, benefits, and services, to be equally effective, are not required to produce the identical result or level of achievement for disabled and nondisabled persons, but must afford persons with disabilities equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement, in the most integrated setting that is reasonably achievable.

3. Even if separate or different aids, benefits, or services are available to persons with a disability, the Contractor will not deny a qualified person with a disability the opportunity to participate in the programs or activities that are not separate or different.

4. The Contractor will not, directly or through contractual or other arrangements, utilize criteria or methods of administration:
   a) That have the effect of subjecting qualified persons with a disability to discrimination on the basis of disability,
   b) That have the purpose or effect of defeating or substantially reducing the likelihood that persons with disabilities can benefit from the objectives of the program or activity, or
   c) That yield or perpetuate discrimination against another recipient of federal funds if both recipients are subject to common administrative control or are agencies of the same State.
5. In determining the site or location of a facility, the Contractor will not make selections:
   a) That have the effect of excluding persons with disabilities from, denying them the benefits of, or otherwise subjecting them to discrimination under any program or activity, or
   b) That has the purpose or effect of defeating or substantially impairing the accomplishment of the objectives of the program or activity with respect to persons with disabilities.

6. As used in these assurances, the aid, benefit, or service provided under a program or activity includes any aid, benefit or service provided in or through a facility that has been constructed, expanded, altered, leased or rented, or otherwise acquired, in whole or in part, with Federal financial assistance.

**Future Effect of Assurances**

Recipients of Federal financial assistance, and transferees of property obtained by a recipient with the participation of Federal financial assistance, are bound by the above assurances under the following circumstances:

1. When Federal financial assistance is provided in the form of a conveyance of real property or an interest in real property from the U.S. Department of Transportation, the instrument of conveyance shall include a covenant running with the land binding the recipient and subsequent transferees to comply with the requirements for so long as the property is used for the purpose of which the Federal financial assistance was provided or for a similar purpose.

2. When Federal financial assistance is used to purchase or improve real property, these assurances shall obligate the recipient to comply with the requirements and require any subsequent transferee of the property, who is using the property for the purpose for which Federal financial assistance was provided, to agree in writing to comply with the requirements. The obligations of the recipient and transferees shall continue in effect for as long as the property is used for the purpose for which Federal financial assistance was provided or for a similar purpose.

3. When Federal financial assistance is provided in the form of, or is used to obtain, personal property, these assurances shall obligate the recipient to comply with the requirements for the period it retains ownership or possession of the property or the property is used by a transferee for purposes directly related to the operations of the recipient.

4. When Federal financial assistance is used for purposes other than to obtain property, these assurances shall obligate the recipient to comply with the requirements for the period during which the Federal financial assistance is extended to the program or activity.
Notice

The City of Millington will take appropriate initial and continuing steps to notify participants, beneficiaries, applicants, and employees, including those with impaired vision or hearing, and unions or professional organizations holding collective bargaining or professional agreements with the City that it does not discriminate on the basis of disability.

Methods of initial and continuing notification may include the posting of notices, publication in newspapers and magazines, placement of notices in agency publications, and distribution of memoranda or other written communications.

Effect of State or local law

The obligation to comply with Section 504 of the Rehabilitation Act of 1973 is not obviated or affected by any State or local law.
Below is an example of the process to update and make corrections to the Final Transition Plan document for all applicable programs, services, and activities. The provided language may need to be altered as this process is geared towards certain committees or groups of people that may or may not exist within the City.

The ADA/504 Coordinator will sit down with the City Executive Staff to discuss the evaluation findings, recommendations, and necessary funding sources to bring The City of Millington into ADA compliance. From this point on, the City will establish an ADA Transition Plan Committee and an annual budget for the ADA Transition Plan updates and corrections. This budget shall include earmarks for programs, services, and activities, as well as the City’s public rights-of-way.

The ADA Transition Plan Committee will consist of the ADA/504 Coordinator and several individuals from applicable departments with responsibilities for their department’s programs, services, and activities. The Committee will need to assess all evaluation findings to consider how all of the consultant recommendations and policy/procedure examples would need to be implemented.

Once these findings and recommendations are approved by the Committee and City Executive Staff, an ADA Transition Plan Update and/or Correction Executive Memo shall be drafted with details that include what type of update and/or correction was done, the date it was approved, and the effective / implementation date. This memo shall be disseminated to all Executive Staff, the ADA Transition Plan Committee, and all other applicable staff members. The ADA/504 Coordinator is responsible for updating the ADA Transition Plan using this Executive Memo.

The update to the actual document shall state the initial consultant findings, consultant recommendations, and the City’s update and/or correction method with information from the executive memo. The final memo shall be added to the Appendix section of the Transition Plan document, as well as any other supporting documentation.

The ADA/504 Coordinator shall also verify that implementation for ADA compliance takes effect City-wide. This includes City-wide training to ensure that no person or groups of persons shall, on the grounds of a disability, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by the City, its recipients, sub-recipients, and contractors. Below is a list of training that shall be conducted City-wide:

- Understanding ADA Requirements and Transition Plan Development;
- The City of Millington ADA Transition Plan process;
- Customer Contact Training;
- Employment Training;
- New Employee Orientation;
- Disability Awareness;
- ADA Liaison Teams and ADA Transition Plan Committee;
- Maintenance Training;
- 2010 ADA Regulations;
- ADA and Public Transportation;
- Public Accommodations;
✓ Telecommunications;
✓ Emergency Planning;
✓ Volunteer Training;
✓ Public Rights-of-Way Guidelines (PROWAG) Training, where applicable; and
✓ Web Accessibility.

Once each training has been completed, the ADA/504 Coordinator will update the ADA Transition Plan with the completed training class details, such as type of training; date of training; list of attendees; and any supporting documentation.

The City of Millington ADA Transition Plan is an active live document. Meaning, it will always need to be kept up to date with changes to applicable programs, services, and activities, as well as policy and procedure changes. Use this document as a tracking device to show the City’s good faith effort to ensure ADA compliance Citywide.

All the City of Millington’s programs, services, and activities need to be evaluated at least every three years for compliance and to ensure existing ADA compliance is maintained and is not a hazard to the public.
CITY OF MILLINGTON
TITLE II ADA/504 ASSURANCE

Every applicant for Federal financial assistance shall provide a written assurance stating that all programs, services, and activities are being conducted or operated in compliance with all laws and regulations.

As a recipient of Federal funds, the City must include a written Title II ADA/504 Assurance in all funding agreements and joint use agreements to receive Federal financial assistance. In turn, the City must require that any sub-recipient who receives Federal financial assistance from the City provide an annual written Title II ADA/504 Assurance. This would include funding agreements and all joint use agreements with other agencies, entities, or municipalities. However, this does not include contracts or agreements with contractors.

In lieu of this assurance, the City is allowed to require that each Federal contract, funding agreement, joint use agreements, and waivers contain a Non-Discrimination Contract Clause in place of requiring an annual assurance. See document, ADA Non-Discrimination Contract Clause.

Each individual Department must obtain the Title II ADA/504 Assurance for their Department from the ADA/504 Coordinator for Title II.

Gary Graves, ADA/504 Coordinator
7930 Nelson Road
Millington, TN 38053
Phone: 901-873-5800
Fax: 901-873-2284
Tennessee Relay: 7-1-1
g.graves@millingtontn.gov
CITY OF MILLINGTON
TITLE II ADA/504 ASSURANCE

City of Millington assures that no qualified person with a disability shall, solely by reasons of their disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity administered by the City.

Specifically, the following discriminatory actions are prohibited:

1) In providing any aid, benefit, or service, the City will not directly or through contractual, licensing, or other arrangements, on the basis of disability:
   a. Deny a qualified person with a disability the opportunity to participate in or benefit from the aid, benefit or service.
   b. Afford a qualified person with a disability an opportunity to participate in or benefit from the aid, benefit, or service that is not substantially equal to that afforded persons who do not have a disability.
   c. Provide a qualified person with a disability an aid, benefit or service that is not as effective in affording equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as persons without disabilities.
   d. Provide different or separate aid, benefits, or services to persons with disabilities or to any class of persons with disabilities unless such action is necessary to provide the aids, benefits or services that are as effective as those provided to persons without disabilities.
   e. Aid or perpetuate discrimination against a qualified person with a disability by providing financial or other assistance to an agency, organization, or person that discriminates on the basis of disability.
   f. Deny a qualified person with a disability the opportunity to participate in conferences, planning or advising opportunities.
   g. Otherwise limit a qualified person with a disability in the enjoyment of any right, privilege, advantage or opportunity enjoyed by others receiving an aid, benefit, or service.

2) For purposes of these assurances, aids, benefits, and services, to be equally effective, are not required to produce the identical result or level of achievement for disabled and nondisabled persons, but must afford persons with disabilities equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement, in the most integrated setting that is reasonable achievable.

3) Even if separate or different aids, benefits or services are available to persons with a disability, the City will not deny a qualified person with a disability the opportunity to participate in the programs or activities that are not separate or different.

4) The City will not, directly or through contractual or other arrangements, utilize criteria or methods of administration:
   a. That have the effect of subjecting qualified persons with a disability to discrimination on the basis of disability,
   b. That have the purpose or effect of defeating or substantially reducing the likelihood that persons with disabilities can benefit from the objectives of the program or activity, or
   c. That yield or perpetuate discrimination against another recipient of federal funds if both recipients are subject to common administrative control or are agencies of the same State.
5) In determining the site or location of a facility, the City will not make selections:
   a. That have the effect of excluding persons with disabilities from, denying them the benefits of, or
      otherwise subjecting them to discrimination under any program or activity, or
   b. That has the purpose or effect of defeating or substantially impairing the accomplishment of the
      objectives of the program or activity with respect to persons with disabilities.

6) As used in these assurances, the aid, benefit or service provided under a program or activity includes
   any aid, benefit or service provided in or through a facility that has been constructed, expanded, altered, leased
   or rented, or otherwise acquired, in whole or in part, with Federal financial assistance.

Future Effect of Assurances

Recipients of Federal financial assistance, and transferees of property obtained by a recipient with the
participation of Federal financial assistance, are bound by the above assurances under the following
circumstances:

1) When Federal financial assistance is provided in the form of a conveyance of real property or an interest
   in real property from the U.S. Department of Transportation, the instrument of conveyance shall include
   a covenant running with the land binding the recipient and subsequent transferees to comply with the
   requirements for so long as the property is used for the purpose of which the Federal financial assistance
   was provided or for a similar purpose.

2) When Federal financial assistance is used to purchase or improve real property, these assurances shall
   obligate the recipient to comply with the requirements and require any subsequent transferee of the
   property, who is using the property for the purpose for which Federal financial assistance was provided,
   to agree in writing to comply with the requirements. The obligations of the recipient and transferees shall
   continue in effect for as long as the property is used for the purpose for which Federal financial assistance
   was provided or for a similar purpose.

3) When Federal financial assistance is provided in the form of, or is used to obtain, personal property,
   these assurances shall obligate the recipient to comply with the requirements for the period it retains
   ownership or possession of the property or the property is used by a transferee for purposes directly
   related to the operations of the recipient.

4) When Federal financial assistance is used for purposes other than to obtain property, these assurances
   shall obligate the recipient to comply with the requirements for the period during which the Federal
   financial assistance is extended to the program or activity.

Notice

The City of Millington will take appropriate initial and continuing steps to notify participants, beneficiaries,
applicants and employees, including those with impaired vision or hearing, and unions or professional
organizations holding collective bargaining or professional agreements with the City that it does not
discriminate on the basis of disability using the notice in Appendix A (Public Notice).

Commented [TM1]: Make sure public notice is attached for Appendix A.
Methods of initial and continuing notification may include the posting of notices, publication in newspapers and magazines, placement of notices in agency publications and distribution of memoranda or other written communications.

Effect of State or local law

The obligation to comply with Section 504 of the Rehabilitation Act of 1973 is not obviated or affected by any State or local law.

______________________________  _______________________
XXXXXXX, Title XXX               Date
City of Millington

______________________________  _______________________
XXXXXXX, Title XXX               Date
City of Millington