



**SECTION 504 SELF-EVALUATION**  
COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION  
SFN 62340 (07/24)

Recipients of the North Dakota Housing Finance Agency's (NDHFA) HOME Investment Partnerships Program, Emergency Solutions Grant and Continuum of Care funds are required to complete a Section 504 self-evaluation and Section 504 transition plan. In many cases, an agency may have already completed such a review several years ago as required. If you have an existing self-evaluation and Section 504 plan in place, you should review your existing evaluation and plan, attach it to this completed form, make updates if needed to your existing transition plan, and maintain it in a readily accessible file for review during the program monitoring period.

This form is separated into three sections. All recipients are required to complete Part I and III. Recipients that employ 15 or more full-time employees are required to complete Part I, Part II, and Part III. All recipients are required to complete the relevant portions of this form and maintain this information in one file for public review and on-site monitoring.

Organization/Recipient Name		Name of Person Completing Self-Evaluation	
Title	Email Address	Date	
Project Name and Physical Location(s)			
Describe the program including purpose, scope, activities, and participants (include target populations if applicable, i.e., youth, seniors, homeless, etc.)			
Number of Full-Time Employees Employed by Your Organization			

When answering the following questions, check whatever statements apply to your agency and list any additional steps taken under "Other." The statements listed are some of the most common actions or procedures taken by agencies and are only listed to simplify the evaluation process.

**PART I (ALL RECIPIENTS)**  
**NOTIFICATION/COMMUNICATION**

What steps have been taken to make certain that all beneficiaries and employees are aware of their rights under Section 504?

- ☐ Policy Statement regarding Equal Employment Opportunity is posted in a prominent place for public notice.
- ☐ It is our policy to discuss information concerning Section 504 during all employment interviews and to answer questions concerning applicant and employee rights.
- ☐ An EEO/Affirmative Action Specialist is available to offer consultation to applicants for employment.
- ☐ Public notices about meetings, hearings, etc. include a statement regarding accommodations for disabled can be made upon request.
- ☐ Other, Explain

Describe any policy that needs to be established because of this review.

How does your organization ensure that all communication with applicants with disabilities, participants and members of the public are as effective as communications with applicants without a disability?

For any written materials produced on a program or service, indicate whether the following alternative formats are provided.

- ☐ Audio Recordings      ☐ Braille      ☐ Readers      ☐ Text and Emails      ☐ Mailed to Home
- ☐ Large Print Format      ☐ Interpreter      ☐ Other Assistance, specify

How would a person with a disability learn about this auxiliary aids and services and how could they request such assistance from you?

How will you ensure that meetings, hearings, and conferences are accessible for individuals with communication disabilities?

	Yes	No
Does your agency currently offer telecommunication devices for persons with a disability access or alternative methods within your communications system?	<input type="checkbox"/>	<input type="checkbox"/>
Do persons with disabilities still use this device or is the technology outdated and no longer supported?	<input type="checkbox"/>	<input type="checkbox"/>
Is 911 or E-911 emergency service offered within your jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency have a toll-free phone number to access services and programs? If so, is it usable by persons with hearing impairments?	<input type="checkbox"/>	<input type="checkbox"/>
Does your agency have any public telephones located within your facilities? If so, is at least one phone hearing aid compatible?	<input type="checkbox"/>	<input type="checkbox"/>

Describe alternative actions that will be taken to provide the benefits or services to the maximum extent possible.
If your agency determines that equally effective communication cannot be provided, please state why the service, program, or activity would be fundamentally altered or result in undue financial and administrative burdens.
Are procedures in place to ensure that appropriate initial and continuing steps to notify participants, beneficiaries, applicants, etc. that your agency does not discriminate on the basis of disability are taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, check which actions apply <input type="checkbox"/> Public notice issued which contains a non-discrimination on the basis of disability statement <input type="checkbox"/> Agency letterhead <input type="checkbox"/> Agency business cards <input type="checkbox"/> Policy statement regarding non-discrimination on the basis of disability is posted in conspicuous places. <input type="checkbox"/> Other, Explain

## POLICIES AND PROCEDURES

In the area of employment, can you ensure that no discrimination based on disability exists in your agency in:	YES	NO
Recruitment/advertising and the application process for employment?	<input type="checkbox"/>	<input type="checkbox"/>
Hiring, upgrading, promotion, award of tenure, demotion, transfer, layoff, termination, right of return from layoff, and rehiring?	<input type="checkbox"/>	<input type="checkbox"/>
Rates of pay or any other form of compensation and changes in compensation?	<input type="checkbox"/>	<input type="checkbox"/>
Job assignments, job classifications, organizational structures, position descriptions, lines of progression, and seniority lists?	<input type="checkbox"/>	<input type="checkbox"/>
Leaves of absence, sick leave or any other leave?	<input type="checkbox"/>	<input type="checkbox"/>
Selection of financial support for training, including apprenticeships, professional meetings, conferences and other related activities, and selection for leaves of absence to pursue training?	<input type="checkbox"/>	<input type="checkbox"/>
Employer-sponsored activities, including social and recreational programs?	<input type="checkbox"/>	<input type="checkbox"/>
Any other term, condition, or privilege of employment?	<input type="checkbox"/>	<input type="checkbox"/>

What policies, procedures, or modifications have been taken to ensure that no qualified person with a disability is denied the opportunity to participate in or benefit from services because of his/her/their disability and all qualified persons with a disability are afforded opportunities to participate in or benefit from services provided to persons without a disability:

- ☐ There is a policy in place to assure that appropriate assistance can be made available upon request.
- ☐ Application procedures have been developed for persons with a disability requiring special accommodations
- ☐ Physical accommodations have been made to accommodate persons with a disability (water fountains, elevator buttons, pay phones, bathrooms, etc.)
- ☐ Other, Explain

Are these policies written?

☐ Yes ☐ No

If no, what actions are taken to ensure that they are maintained?

Identify any program qualifications, eligibility, admission requirements, or licensing standards that an individual must meet that might negatively affect individuals with disabilities. For each item answered that appears to have a negative effect, describe action(s) planned to reduce or eliminate the disparate impact.

**YES**

**NO**

Does your agency currently provide a person with a disability the opportunity to participate in, or benefit from, the aid, benefit, or service you provide? Examples might include accessibility to the agency's offices, meeting space, or areas where services are provided.

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Does your agency provide opportunities for participation or benefit to persons with disabilities, equal to opportunities afforded the population at large?

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☐

Does your agency avoid providing different or separate aids, benefits, or services to a qualified individual with a disability unless proven necessary to make them as effective as the aids, benefits, or services provided to others?

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☐

Do you allow qualified persons with disabilities a full opportunity to participate in policy planning or advisory boards? This includes providing reasonable accommodations in the scheduling of time and/or location of meetings, use of auxiliary aids including guide dogs, etc.

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☐

Describe procedures established to ensure that no person with a disability will be discriminated against as a result of methods of administration or through direct or contractual arrangements with your agency.

- ☐ All contractors and subcontractors are made aware of Section 504 requirements and appropriate training is offered.
- ☐ Language is included in agency contracts that ensures that contractors take steps to facilitate the participation of qualified individuals with disabilities in activities they operate on behalf of the agency.
- ☐ During monitoring, contractor's/subcontractor's policies are reviewed for compliance with Section 504 requirements.
- ☐ Other, Explain

## PROGRAM ACCESSIBILITY

NOTE: One of the most effective approaches to examining service and program accessibility is to conduct a "client path analysis." This analysis is simply a walk-through of the process needed for a citizen to participate in a service your agency provides. There are generally two aspects to the analysis: (a) analysis of the physical path traveled, and (b) analysis of the administrative requirements of the service delivery (i.e., eligibility criteria, application procedures).

Are all qualified disabled persons given the opportunity to participate in or benefit from services or activities that your organization offers?

☐ Yes ☐ No

Check all actions which apply to your organizations policies on program accessibility

- ☐ Employment practices
- ☐ Common areas (bathrooms, hallways, doors, meeting rooms, etc.) are accessible
- ☐ Telecommunication Device for the Deaf (TDD) is available and advertised
- ☐ All material relating to agency and services it provides can be made available in other formats (i.e., braille, audiotape, etc.) upon request and the public is aware that this service is available.
- ☐ Public meetings are held in areas that are accessible.
- ☐ Other, Explain

Are any structural changes needed to make programs accessible?

☐ Yes ☐ No

Describe alternatives to structural changes that have been used or considered (e.g., rescheduling or relocating activities, redesigned of equipment) to achieve program accessibility.

If the agency undertakes acquisition, rehabilitation, or construction of facilities with federal funds, is there a policy in place that ensures that such facilities will be accessible for persons with disabilities? (Carried out in accordance with the Uniform Federal Accessibility Standards (UFAS)): ☐ Yes ☐ No

Describe any other policies, practices, or methods your agency has developed to include persons with disabilities in its programs and activities:

## EMERGENCY EVACUATION

Describe how your agency notifies employees and members of the public of an emergency.

Are adequate policies/methods in place to ensure that individuals with disabilities can be accommodated in the event of an emergency? Please describe your policies, methods.

**PART II (TO BE COMPLETED BY RECEIPIENTS WITH 15 OR MORE EMPLOYEES)**

	YES	NO
Do you have a written policy regarding non-discrimination on the basis of disability that is in compliance with HUD requirements?	<input type="checkbox"/>	<input type="checkbox"/>
Does your Notice of Nondiscrimination include the following?		
Contact information for your 504/ADA coordinator	<input type="checkbox"/>	<input type="checkbox"/>
How to request auxiliary aids or other services	<input type="checkbox"/>	<input type="checkbox"/>
That alternative formats are available	<input type="checkbox"/>	<input type="checkbox"/>
That a complaint grievance procedure has been adopted	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a grievance procedure?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered No, then you must adopt one for compliance with Section 504. If you answered Yes, does it include the following?		
A statement allowing an individual to submit a grievance in alternative formats	<input type="checkbox"/>	<input type="checkbox"/>
A time limit for filing a grievance	<input type="checkbox"/>	<input type="checkbox"/>
Information on how to also file a complaint through appropriate local, State or Federal agencies	<input type="checkbox"/>	<input type="checkbox"/>
Who in your agency has been designated to coordinate grievance procedures?		
Who is responsible for coordinating the agency's Section 504 responsibilities?		

**PART III (TO BE COMPLETED BY ALL RECIPIENTS)**

What steps have been taken to consult with interested persons, including persons with disabilities or organizations representing persons with disabilities, in achieving compliance with Section 504?

<input type="checkbox"/> Disabled staff within agency consulted.	
Name of Person Consulted	Date of Consultation
<input type="checkbox"/> Disabled program participants or beneficiaries consulted.	
Name of Person Consulted	Date of Consultation
<input type="checkbox"/> Organization(s) representing persons with disabilities consulted.	
Name of Organization	Date of Consultation
Describe any alterations that need to be made within facilities or program design as a result of consultation.	

To the best of my knowledge and belief, the statements made in this self-evaluation are true and correct and this document has been reviewed and authorized by the board of the agency I represent.

Printed Name of Authorized Official	Title
Signature	Date