DECLARATION OF ADA COMPLIANCE FOR FACILITY USE AND OTHER SPECIAL EVENTS AGREEMENTS

The Americans with Disabilities Act (ADA) requires that state and local government and private entities make public programs, activities and services accessible to people with disabilities. The City of Oakland (City) requires that all public events, programs, and services provided at City-owned buildings and facilities be conducted in compliance with the ADA. The City further requires that all outside agencies verify ADA compliance by signing this Declaration of ADA Compliance for professional services, facility use, and other agreements that concern the delivery of special events to the public.

________________________ certifies that it will comply with the ADA and the City’s ADA Special Events Policy by:

A. Adopting policies, practices and procedures that ensure non-discrimination and equal access for people with disabilities to public events, programs, activities and services provided at City facilities;

B. Providing public events, programs, activities and services at fully accessible facilities as defined by U.S. Department of Justice ADA regulations;

C. Making reasonable modifications in public events, programs, activities and services when necessary to ensure equal access to individuals with disabilities, unless fundamental alteration in the nature of the program would result;

D. Adhering to any special disability access policies, practices and procedures set out by the City ADA Special Events Policy for use of City facilities and the delivery of special events to the public;

E. Ensuring effective communications with persons with disabilities through provision of auxiliary aids and services, such as American Sign Language interpreting services; and

F. When providing transportation to the public, by providing equivalent accessible transportation to people with disabilities.

---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

The undersigned authorized representative hereby obligates the applicant to the above stated conditions. I understand that failure to comply with these conditions may constitute a breach of the subject agreement with the City.

________________________
Agency Name

__________________________
Signature of Authorized Representative

________________________
Address

________________________
Type or Print Name

________________________
Phone

________________________
Date

________________________
Type or Print Title

ADA Programs_ 08MAR2012