

Section 504 Plan
Self-Evaluation and Transition Plan of
City of Sunbury

Section 504 of the Rehabilitation Act of 1973 provides that no qualified person with handicaps shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal assistance. Section 794 24 C.F.R. Part 8.

Qualified Individual

A qualified individual with disabilities is anyone who meets all eligibility requirements of the program or activity.

Discrimination

To avoid discriminating against Individuals with Disabilities, the City of Sunbury will provide:

- Program accessibility - No one may be denied access solely by reason of disability;
- Program benefits - Benefits may not be denied solely because of disability;
- Most integrated setting appropriate- Judgment should be based on individual need;
- No support to discrimination - Provide no assistance or support to entities that discriminate;
- Opportunity to serve on boards- Board membership must be open to all qualified persons;
- Equal Rights and privileges- Disabled individuals may not be denied equal treatment;
- Physically accessible sites - Programs, activities, and workplaces must be physically accessible;
- Administrative accommodation- Alternatives or modifications should be made as needed

Elements of the Plan

Self-Evaluation

The City of Sunbury will consult with interested citizens about plans to study the accessibility of the City's facilities, programs and/or activities. The City will involve those who have disabilities, relatives of person with disabilities, and advocacy groups representing the disabled. This involvement helps to ensure that the self-evaluation is conducted from the viewpoint of person with disabilities, and therefore, more accurately reflects their needs.

The Self-Evaluation of the City of Sunbury consists of its facilities, administrative practices, and employment practices of the municipality, as well as the annual projects and activities funded through federal grants. In the event that the municipality uses facilities of other municipalities or organizations to conduct the programs and activities funded with federal funds, those facilities, administrative practices and employment practices are also subject to self-evaluation.

See attached Self-Evaluation.

Modification of Policies and Practices

When it is found that policies and practices impact negatively upon the disabled, the City will modify the appropriate policy or practice so that the problem is eliminated.

Transition Plan

In the event that the City's facilities, programs and/or activities cannot be made accessible by making administrative changes, structural changes will be necessary. A transition plan outlining those changes will be developed. The plan should identify the steps required to complete the structural modifications. Interested citizens, especially disabled citizens, should be recruited to help develop the plan.

- 1) Identify the physical obstacles that limit the program's accessibility to person with disabilities;
- 2) Describe in detail the method to be used in making the facilities in question accessible;
- 3) Set forth the schedule of tasks, identifying actions to be taken within the first year;
- 4) Identify the official responsible for implementing the plan (the Section 504 Officer mentioned below); and
- 5) Identify those who assisted the recipient in preparing the transition plan.

See attached Transitional Plan.

Longevity of Plan

- I) Municipality- Self-Evaluation and transition plans, if necessary, once completed and brought into compliance for the City, will remain in effect until such a time as location or new process changes and another Self-Evaluation is necessary.

Documentation must be kept in the Master File (*CDBG/HOME/ESG/CDBG-DR/CBDG-CV*) of the municipality.

- II) Projects/Activities – Self-Evaluation and transition plan, if necessary, are required yearly for every new project of the municipality.

Documentation must be kept in the Program File (*CDBG/HOME/ESG/CDBG-DR/CDBG-CV*).

(For Grantees with 15 or more Employees (full or part-time) the following must be in place)

Designation of Section 504 Officer

The City of Sunbury has designated a person to oversee the City's compliance efforts. The Section 504 Officer has a thorough working knowledge of federal accessibility requirements since she or he is responsible for ensuring the municipality's compliance and for initiating continued compliance efforts. The Section 504 Officer will take the lead in evaluating the municipality's facilities, programs and practices, and in drafting the transition plan if one is needed. All the accompanying administrative details (securing assistance from interested disabled citizens, publishing notices of non-discrimination, etc.) should be monitored or carried out by this compliance officer. Keeping the municipality on target with the transition plan schedule is also part of her or his responsibility.

City Administrator, City Hall, 225 Market Street, Sunbury, PA 17801; (570)286-7820

Grievance Procedure

The grievance procedure provides for timely resolution of discrimination complaints which are lodged against the City and which pertain to the accessibility of the municipality's policies and practices.

See attached Grievance Procedure.

(Includes appropriate due process standards, such as an appeals process and specific methods for filing complaints incorporated into the procedure. The length of time allotted for the municipality to review and respond to the complaint, as well as the identification and location of any required complaint forms will be no more than 15 days.)

Discrimination Complaints

Any person who believes that he or she has been discriminated against or any representative of such a person may file a confidential complaint with:

Local Section 504 Officer
City Administrator
225 Market Street, Sunbury, PA 17801
(570)286-7820

Or

U.S. Department of Housing and Urban Development
FHEO/ Regional III Office Mid-Atlantic Office
100 Penn Square East, 12th Floor
Philadelphia, PA 19107
Phone: (215) 86 1 -7643
Fax: (215) 656-3449
TTY: (800) 927-9275

Or

U.S. Department of Housing and Urban Development
PITTSBURGH FHEO FIELD OFFICE
Moorhead Federal Building
1000 Liberty Avenue
Pittsburgh, PA 15222
Phone: (412) 644-5449 or (412) 644-6353
Fax: (412) 644-6516

The written complaint will be filed within 180 days of the alleged discriminatory act unless good cause can be shown for the delay. The complaint will show the name and address of the offending party, along with the details of the events leading to the charge of discrimination.

Notice of Nondiscrimination

The City will make initial and continuing efforts to notify their participants, beneficiaries, applicants, and employees that the municipality does not discriminate on the basis of disability in its federally funded programs, services, activities, and practices. The Section 504 Officer will be available for questions and comments. Initial and ongoing notification of nondiscrimination will be published using media that can be expected to reach vision and hearing-impaired individuals, which may include radio announcements and large- print flyers and newspaper notices. Also, notifications will be published in multi-languages to reach persons of the community with Limited-English proficiency.

Subrecipient Remedial and Affirmative Action

All sub-recipients of federal grant funds through the City are required to adhere to the regulations of Section 504 in their provision of services or projects. Should the City determine that disabled individuals have been discriminated against by a sub-recipient of funding; appropriate remedial and affirmative action will be required to the extent that the City deems necessary. The City will also determine what action should be taken in order to remedy prior discrimination.

Review of Non-Housing Activities

A person with disabilities who is otherwise qualified to participate in a the City's program and activity or use publicly owned facilities of the municipality should not be denied the benefits of or excluded from participation in those programs or activities simply because the buildings or structures which house them are inaccessible. Facilities, programs and activities will be designed so that persons with disabilities can generally participate in all the activities that are federally funded.

Review of Housing Activities

Housing Units *(if applicable)*

Generally, new multifamily housing projects should be designed and built to be readily accessible to and usable by disabled individuals, according to Section 8.22 (a) of the final Rule. Further, the Section states that at least 5 percent of the total dwelling units, or at least one unit in a multifamily housing project (whichever is greater) shall be made accessible to individuals who have impaired mobility. Another 2 percent - or at least one unit - will be made accessible or adaptable for those who have hearing and vision impairments. In this case, accessibility means that the unit is on an accessible route and is either already accessible or adaptable.

When substantial alterations are made to an existing housing project with at least fifteen units and the cost is at least 75 percent of the facility's replacement cost, and then at least 5 percent- or at least one- of the units will be located on an accessible or adaptable route and will be made accessible or adaptable. Another 2 percent -or at least one - unit will be made accessible or adaptable to persons who have hearing or vision impairments. When other alterations are made to existing housing units, the recipient should, to the maximum extent feasible, make the units readily accessible. This is also the case when common areas are altered and when a single space in a dwelling unit is altered. The recipient should

continue to create accessible units as units are rehabilitated until at least 5 percent of the units in the project have been made accessible or adaptable.

In determining whether facilities meet federal accessibility requirements, the City will refer to the Uniform Federal Accessibility Standards (UFAS) for details such as acceptable door widths, lavatory heights, and ramp dimensions.

In the event that the City is able to make programmatic changes that enhance the accessibility of its housing program to disabled applicants or residents, those changes should be identified and implemented.

However, when the only remedy is to make structural changes, the recipient will prepare a transition plan itemizing the changes. Input from interested citizens, especially disabled residents, will be included, and the other transition plan requirements listed above apply in this case.

See attached Transitional Plan.

Other Housing Related Programs

Homeowner Rehabilitation Program (if applicable)

The City of Sunbury participates in a Homeowner Rehabilitation Program. The City will give priority to the selection of projects that will result in dwelling units being made readily accessible to persons with disabilities.

Homeownership Programs (if applicable)

Any housing units newly constructed or rehabilitated using federal assistance will be made accessible upon the request of a prospective buyer. Any required alterations will adhere to the UFAS standards, and the cost of the changes becomes the buyer's responsibility. The cost may be added to the mortgage amount, except that the added cost will not raise either the sales price or the mortgage amount beyond established limits.

Historic Properties

Generally, historic properties will be made accessible when they are altered with federal dollars, unless accessibility would substantially impair the "significant historic features" of the property or result in undue financial and administrative burdens.

SELF EVALUATION FOR SECTION 504 OF THE CITY OF SUNBURY

Date of Completion: September 15, 2020

CHECKLIST OF ADMINISTRATIVE REQUIREMENTS

| Requirement | Standards | Compliance Status | | | Description | Modification |
|-------------------------------------|---|-------------------------------------|--------------------------|--------------------------|--|--------------|
| | | Yes | No | N/A | | |
| Designation of responsible employee | Municipalities employing fifteen or more employees must designate a Section 504 Officer (24 CFR Part 8.53(a)). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The City of Sunbury adopted a Resolution on January 11, 2021 designating a Section 504 Officer. | |
| Adoption of grievance procedures | Municipalities employing fifteen or more employees must establish grievance procedures that provide for the submission and resolution of complaints from employees and program beneficiaries (24 CFR Part 8.53(b)). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The City of Sunbury adopted a Resolution on October 23, 2017, establishing Section 504 Grievance Procedures. | |
| Public notification requirements | Municipalities employing fifteen or more employees must take initial and continuing steps to notify beneficiaries, applicants, and employees that it does not discriminate on the basis of disability. All such notifications must be effective for those with impaired vision or hearing (24 CFR Part 8.54(a)) and follow the Limited English Proficiency requirements if applicable. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Annually, the City of Sunbury conducts public hearings and addresses Section 504 questions/concerns in compliance with its federal CDBG Citizen Participation Plan. Notices are sent to appropriate Disabled organizations (i.e., Center for Independent Living, United Way, National Easter Seal Society, National Organization on Disabilities in Washington, DC). | |

CHECKLIST OF ADMINISTRATIVE REQUIREMENTS (2)

| Requirement | Standards | Compliance Status | | | Description | Modification |
|--|--|-------------------------------------|--------------------------|--------------------------|---|--------------|
| | | Yes | No | N/A | | |
| Public notification requirements (continued) | Recruitment materials or publications containing general information that is available to development residents, applicants, and employees must contain an appropriate non-discrimination statement (24 CFR Part 8.54(b)) and be in languages that meet any Limited-English Proficiency Plan for the municipality. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | See comments on previous page. | |
| Assurances Required | Municipalities must provide assurance that its project operates in compliance with Section 504 (24 CFR Part 8.50). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Section 504 review of the City of Sunbury-owned facilities and the City of Sunbury-operated services are conducted annually. The City of Sunbury is in the process of conducting the required evaluations and developing a Section 504 plan. | |
| Self-Evaluation | Municipalities must consult with Disabled persons/organizations. (Centers for Independent Living, etc.) The self-evaluation must cover the development's policies, practices, problems identified, and remedial steps taken. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Address Section 504 concerns during advertised/posted public hearings/meetings. Notices are sent to Disabled organizations, such as the Center for Independent Living, United Way, National Easter Seal Society, National Organization on Disabilities in Washington, DC. | |
| Self-Evaluation (continued) | All municipalities must maintain on file the self-evaluation for the municipality for as long as they are a grantee of federal funds. Plans must be reviewed annually for additions and completions. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Self-evaluation will occur annually, at a minimum. If a change to the City of Sunbury-owned facilities and the City of Sunbury-operated services is required, a transition plan will be developed. | |

CHECKLIST OF ADMINISTRATIVE REQUIREMENTS (3)

| Requirement | Standards | Compliance Status | | | Description | Modification |
|--|--|-------------------------------------|--------------------------|--------------------------|---|--------------|
| | | Yes | No | N/A | | |
| Transition Plan | A transition plan is required when structural changes to facilities are required, and it must include the following: 1. Identification of physical obstacles in facilities. 2. Identification of methods used to achieve accessibility. 3. Schedule for achieving accessibility. 4. Identification of responsible official. 5. Identification of persons or groups who assisted in the preparation of the plan. (24 CFR Part 8.24(d)) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All the City of Sunbury-owned facilities and the City of Sunbury-owned services are currently in compliance with Section 504. In the event a change is required, a transition plan will be developed and implemented accordingly. | |
| Resident marketing and outreach must ensure that interested persons (including persons with impaired hearing or vision) can obtain information concerning the development. (24 CFR Part 8.6) | The owner shall use telecommunication devices for deaf persons (TDDs) and make applications and leases available in braille or on audio tape for visually impaired applicants/ residents. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The City of Sunbury's agent for the federal CDBG Program (SEDA-Council of Governments) includes a provision in all public hearing notices for special needs accommodations including TTY and TDD telephone numbers. | |
| When an accessible unit becomes vacant, the unit is offered, first to a current resident of the project with disabilities requiring the features of the vacant unit, or if no such resident exists, then second, to an eligible qualified applicant on the waiting list with a disability requiring the features of the vacant unit. When offering an accessible unit to an applicant without disabilities requiring the features of the units, the owner/agent may require the applicant to agree (and may include this in the lease) to move to a non-accessible unit when available. (24 CFR Part 8.27) | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

CHECKLIST OF EMPLOYMENT REQUIREMENTS

Name of Municipality: City of Sunbury

Date of Completion: September 15, 2020

Facility Name and Address: City Hall

225 Market Street, Sunbury, PA 17801

| Requirement | Standards | Compliance Status | | | Description | Modification |
|--|---|-------------------------------------|--------------------------|--------------------------|--|--------------|
| | | Yes | No | N/A | | |
| Job Announcements | The announcement process encompasses the following elements: Nondiscrimination statement on announcements; Announcements must be posted in accessible areas; Announcements must be effectively announced to individuals who have disabilities that impair their ability to communicate. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Posted in public newspaper, on website | |
| Interviews | Interviews must address the applicant's qualifications for the position. Recipients must not make inquiries about an applicant's disability and its severity. | | | | | |
| Personnel Actions | | | | | | |
| Recruitment Selection Promotion Hiring Upgrading, etc. | The criteria for processing personnel actions must not limit the eligibility of qualified Disabled employees | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Leave Administration | | | | | | |
| Leave of Absence Sick/Annual Return from leave of absence | Policies for granting leave must not adversely affect qualified Disabled employees. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Training | | | | | | |
| Internships Apprenticeships On-the-job training, etc. | Training programs must be administered in a manner that allows equal participation by qualified Disabled employees. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Testing | Tests and other criterion must measure essential job requirements only. Tests must be job-related and nondiscriminatory towards persons with impaired communication abilities. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

CHECKLIST OF EMPLOYMENT REQUIREMENTS (2)

| Requirement | Standards | Compliance Status | | | Description | Modification |
|--|---|-------------------------------------|--------------------------|-------------------------------------|-------------|--------------|
| | | Yes | No | N/A | | |
| Medical Examination/ Questionnaires | Pre-employment medical examinations are permissible only after conditional employment offers. Medical history questionnaires must not request information as to the nature or severity of an applicant's disability. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Social/Recreational Program | Social/recreational programs sponsored by the owner must be accessible to Disabled employees. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Does not do | |
| Fringe Benefits | Disabled employees must be given the same employee benefits as nondisabled employees. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Collective Bargaining Agreements | Terms and practices of collective bargaining agreements must not contain provisions that limit the participation of qualified disabled employees. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Wage and Salary Administration | Employees with disabilities must not be offered different rates of compensation solely on the basis of disability. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

CHECKLIST OF FACILITY ACCESSIBILITY

Name of Municipality: City of Sunbury

Date of Completion: September 15, 2020

Facility Name and Address: David L Persing Recreation Complex

N, 4th Street and Memorial St, Sunbury

| Requirement | Compliance Status | | | Description | Modification |
|---|-------------------------------------|--------------------------|-------------------------------------|--|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Residential Units</p> <p>A. Total Number of Units: _____</p> <p>B. Accessible Units: _____</p> <p>Number by Bedroom Size</p> <p>___ Eff. 0 BR ___ #WC ___ #H/V</p> <p>___ 1 BR ___ #WC ___ #H/V</p> <p>___ 2 BR ___ #WC ___ #H/V</p> <p>___ 3 BR ___ #WC ___ #H/V</p> <p>___ 4 BR ___ #WC ___ #H/V</p> <p>___ 5 BR ___ #WC ___ #H/V</p> <p>___ Eff. 0 BR ___ #WC ___ #H/V</p> <p>___ 1 BR ___ #WC ___ #H/V</p> <p>___ 2 BR ___ #WC ___ #H/V</p> <p>___ 3 BR ___ #WC ___ #H/V</p> <p>___ 4 BR ___ #WC ___ #H/V</p> <p>___ 5 BR ___ #WC ___ #H/V</p> <p>Eff./0 BR is Efficiency/Zero Bedrooms WC – Wheelchair, H/V – Hearing/Vision</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Parking Lots/Spaces</p> <p>A. Reserved Spaces</p> <p>Number (Total ___ Accessible ___)</p> <p>Resident (Total ___ Accessible ___)</p> <p>Visitor (Total ___ Accessible ___)</p> <p>Office (Total ___ Accessible ___)</p> <p>Location (in relation to facility)</p> <p>Vehicle access clearance</p> <p>Signage</p> <p>B. Ramps/Curb Cuts</p> <p>Location: _____</p> <p>Dimensions: _____</p> <p>Handrails/Handgrips: _____</p> <p>C. Passenger Loading/Unloading</p> <p>Spaces: _____</p> <p>Signage: _____</p> <p>Location: _____</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Public parking with 2 handicapped spaces | |

CHECKLIST OF FACILITY ACCESSIBILITY (2)

| Requirement | Compliance Status | | | Description | Modification |
|--|-------------------------------------|--------------------------|-------------------------------------|-------------|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Public Telephones</p> <p>Signage: _____</p> <p>Clear floor space (wheelchair access): _____</p> <p>Reach: _____</p> <p>Height: _____</p> <p>Controls: _____</p> <p>Equipment: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Drinking Fountains (Interior & Exterior)</p> <p>Location: _____</p> <p>Clearance: _____</p> <p>Height: _____</p> <p>Spouts: _____</p> <p>Control: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Elevators</p> <p>Automatic: _____</p> <p>Location: _____</p> <p>Doors: _____</p> <p>Control Panel: _____</p> <p>Emergency Communications: _____</p> <p>Floor Identification: _____</p> <p>Lobby Call Buttons: _____</p> <p>Outside Floor/Direction Indicators: _____</p> <p>Signage: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Toilet/Bathing Facilities</p> <p>Number (according to gender): _____ 1 _____</p> <p>Location/Signage: _____</p> <p>Doors/Fixtures/Dispensers</p> <p style="padding-left: 20px;">Stalls: _____ 2 _____</p> <p style="padding-left: 20px;">Urinals: _____ 1 _____</p> <p style="padding-left: 20px;">Lavatories/Sinks: _____ 2 _____</p> <p style="padding-left: 20px;">Tubs/Showers: _____ 0 _____</p> <p>Lockers</p> <p style="padding-left: 20px;">Number: _____</p> <p style="padding-left: 20px;">Height: _____</p> <p style="padding-left: 20px;">Clear Floor Space: _____</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

CHECKLIST OF FACILITY ACCESSIBILITY (3)

| Requirement | Compliance Status | | | Description | Modification |
|--|-------------------------------------|--------------------------|-------------------------------------|-------------|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Picnic Areas</p> <p>Tables and Benches No. accessible to wheelchairs: _____ Location (adjacent to level paths): _____ Access to open spaces: _____ Back and arm rests: _____</p> <p>Grills Height of cooking surface: _____ Location (adjacent to level paths): _____</p> <p>Trash Receptacles Location (adjacent to level paths): <u> Y </u> Safety & facility of equipment: _____</p> <p>Picnic Shelters Location (accessible by wide, firm path): <u> N </u> Located near accessible water fountains, trash receptacles, restrooms, parking, etc.: <u> Y </u></p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <p style="text-align: center;">Trails</p> <p>Surface: _____ Dimensions: _____ Rails: _____ Signage: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Game Areas</p> <p>Equipment Safe for Disabled Persons: _____</p> <p>Access to Equipment Firm level paths: _____ Sufficient space between equipment for wheelchair maneuvering: _____</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ballfields | |
| <p style="text-align: center;">Management Office Facilities</p> <p>Access: _____ Telephone (TDD): _____ Signage: _____ Safety: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |

CHECKLIST OF FACILITY ACCESSIBILITY

Name of Municipality: City of Sunbury

Date of Completion: September 15, 2020

Facility Name and Address: Sunbury Youth and Community Center

249 Memorial Drive, Sunbury, PA 17801

| Requirement | Compliance Status | | | Description | Modification |
|---|-------------------------------------|--------------------------|-------------------------------------|--|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Residential Units</p> <p>A. Total Number of Units: _____</p> <p>B. Accessible Units: _____</p> <p>Number by Bedroom Size</p> <p>___ Eff. 0 BR ___ #WC ___ #H/V</p> <p>___ 1 BR ___ #WC ___ #H/V</p> <p>___ 2 BR ___ #WC ___ #H/V</p> <p>___ 3 BR ___ #WC ___ #H/V</p> <p>___ 4 BR ___ #WC ___ #H/V</p> <p>___ 5 BR ___ #WC ___ #H/V</p> <p>___ Eff. 0 BR ___ #WC ___ #H/V</p> <p>___ 1 BR ___ #WC ___ #H/V</p> <p>___ 2 BR ___ #WC ___ #H/V</p> <p>___ 3 BR ___ #WC ___ #H/V</p> <p>___ 4 BR ___ #WC ___ #H/V</p> <p>___ 5 BR ___ #WC ___ #H/V</p> <p>Eff./0 BR is Efficiency/Zero Bedrooms WC – Wheelchair, H/V – Hearing/Vision</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Parking Lots/Spaces</p> <p>A. Reserved Spaces</p> <p>Number (Total ___ Accessible ___)</p> <p>Resident (Total ___ Accessible ___)</p> <p>Visitor (Total ___ Accessible ___)</p> <p>Office (Total ___ Accessible ___)</p> <p>Location (in relation to facility)</p> <p>Vehicle access clearance</p> <p>Signage</p> <p>B. Ramps/Curb Cuts</p> <p>Location: _____</p> <p>Dimensions: _____</p> <p>Handrails/Handgrips: _____</p> <p>C. Passenger Loading/Unloading</p> <p>Spaces: _____</p> <p>Signage: _____</p> <p>Location: _____</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Paved lot up to door, curb cuts into building. | |

CHECKLIST OF FACILITY ACCESSIBILITY (2)

| Requirement | Compliance Status | | | Description | Modification |
|---|-------------------------------------|--------------------------|-------------------------------------|----------------------------------|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Public Telephones</p> Signage: _____ Clear floor space (wheelchair access): _____ Reach: _____ Height: _____ Controls: _____ Equipment: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Drinking Fountains (Interior & Exterior)</p> Location: _____ Clearance: _____ Height: _____ Spouts: _____ Control: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Elevators</p> Automatic: _____ Location: _____ Doors: _____ Control Panel: _____ Emergency Communications: _____ Floor Identification: _____ Lobby Call Buttons: _____ Outside Floor/Direction Indicators: _____ Signage: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Toilet/Bathing Facilities</p> Number (according to gender): _____ Location/Signage: _____ Doors/Fixtures/Dispensers Stalls: <u> Y </u> Urinals: _____ Lavatories/Sinks: <u> 2 </u> Tubs/Showers: <u> 2 </u> Lockers Number: <u> 0 </u> Height: _____ Clear Floor Space: _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shower room is fully accessible. | |

CHECKLIST OF FACILITY ACCESSIBILITY (3)

| Requirement | Compliance Status | | | Description | Modification |
|--|-------------------------------------|--------------------------|-------------------------------------|--|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Picnic Areas</p> <p>Tables and Benches No. accessible to wheelchairs: <u> 15 </u> Location (adjacent to level paths): <u> </u> Access to open spaces: <u> Y </u> Back and arm rests: <u> </u></p> <p>Grills Height of cooking surface: <u> </u> Location (adjacent to level paths): <u> </u></p> <p>Trash Receptacles Location (adjacent to level paths): <u> Y </u> Safety & facility of equipment: <u> Y </u></p> <p>Picnic Shelters Location (accessible by wide, firm path): <u> Y </u> Located near accessible water fountains, trash receptacles, restrooms, parking, etc.: <u> Y </u></p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <p style="text-align: center;">Trails</p> <p>Surface: <u> </u> Dimensions: <u> </u> Rails: <u> </u> Signage: <u> </u></p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Game Areas</p> <p>Equipment Safe for Disabled Persons: <u> Y </u></p> <p>Access to Equipment Firm level paths: <u> Y </u> Sufficient space between equipment for wheelchair maneuvering: <u> na </u></p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Hockey, roller derby and ice hockey rink is accessible | |
| <p style="text-align: center;">Management Office Facilities</p> <p>Access: <u> </u> Telephone (TDD): <u> </u> Signage: <u> </u> Safety: <u> </u></p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |

CHECKLIST OF FACILITY ACCESSIBILITY

Name of Municipality: City of Sunbury

Date of Completion: September 15, 2020

Facility Name and Address: Sunbury City Hall

225 Market Street

| Requirement | Compliance Status | | | Description | Modification |
|---|--------------------------|--------------------------|-------------------------------------|----------------|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Residential Units</p> <p>A. Total Number of Units: _____</p> <p>B. Accessible Units: _____</p> <p>Number by Bedroom Size</p> <p>___ Eff. 0 BR ___ #WC ___ #H/V</p> <p>___ 1 BR ___ #WC ___ #H/V</p> <p>___ 2 BR ___ #WC ___ #H/V</p> <p>___ 3 BR ___ #WC ___ #H/V</p> <p>___ 4 BR ___ #WC ___ #H/V</p> <p>___ 5 BR ___ #WC ___ #H/V</p> <p>___ Eff. 0 BR ___ #WC ___ #H/V</p> <p>___ 1 BR ___ #WC ___ #H/V</p> <p>___ 2 BR ___ #WC ___ #H/V</p> <p>___ 3 BR ___ #WC ___ #H/V</p> <p>___ 4 BR ___ #WC ___ #H/V</p> <p>___ 5 BR ___ #WC ___ #H/V</p> <p>Eff./0 BR is Efficiency/Zero Bedrooms WC – Wheelchair, H/V – Hearing/Vision</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Parking Lots/Spaces</p> <p>A. Reserved Spaces</p> <p>Number (Total ___ Accessible ___)</p> <p>Resident (Total ___ Accessible ___)</p> <p>Visitor (Total ___ Accessible ___)</p> <p>Office (Total ___ Accessible ___)</p> <p>Location (in relation to facility)</p> <p>Vehicle access clearance</p> <p>Signage</p> <p>B. Ramps/Curb Cuts</p> <p>Location: <u> Y </u></p> <p>Dimensions: _____</p> <p>Handrails/Handgrips: _____</p> <p>C. Passenger Loading/Unloading</p> <p>Spaces: <u> Y </u></p> <p>Signage: <u> Y </u></p> <p>Location: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Public parking | |

CHECKLIST OF FACILITY ACCESSIBILITY (2)

| Requirement | Compliance Status | | | Description | Modification |
|--|-------------------------------------|--------------------------|-------------------------------------|--|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Public Telephones</p> Signage: _____ Clear floor space (wheelchair access): _____ Reach: _____ Height: _____ Controls: _____ Equipment: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Drinking Fountains (Interior & Exterior)</p> Location: <u>1st floor</u> _____ Clearance: _____ Height: _____ Spouts: _____ Control: <u>push bar</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ADA Compliant One on each floor | |
| <p style="text-align: center;">Elevators</p> Automatic: <u>X</u> _____ Location: <u>Rear Accessible</u> _____ Doors: _____ Control Panel: _____ Emergency Communications: <u>Y</u> _____ Floor Identification: <u>Y</u> _____ Lobby Call Buttons: <u>Y</u> _____ Outside Floor/Direction Indicators: <u>Y</u> _____ Signage: <u>Y</u> _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All compliant | |
| <p style="text-align: center;">Toilet/Bathing Facilities</p> Number (according to gender): <u>Nonspecific</u> _____ Location/Signage: <u>Y</u> _____ Doors/Fixtures/Dispensers Stalls: <u>1</u> _____ Urinals: <u>no</u> _____ Lavatories/Sinks: <u>accessible</u> _____ Tubs/Showers: <u>no</u> _____ Lockers Number: <u>no</u> _____ Height: _____ Clear Floor Space: _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Accessible facilities on all three floors. 1 st and 2 nd floors designated handicap bathrooms. 3 rd floor stall | |

CHECKLIST OF FACILITY ACCESSIBILITY (3)

| Requirement | Compliance Status | | | Description | Modification |
|---|-------------------------------------|--------------------------|-------------------------------------|------------------------------------|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Picnic Areas</p> <p>Tables and Benches No. accessible to wheelchairs: _____ Location (adjacent to level paths): _____ Access to open spaces: _____ Back and arm rests: _____</p> <p>Grills Height of cooking surface: _____ Location (adjacent to level paths): _____</p> <p>Trash Receptacles Location (adjacent to level paths): _____ Safety & facility of equipment: _____</p> <p>Picnic Shelters Location (accessible by wide, firm path): _____ Located near accessible water fountains, trash receptacles, restrooms, parking, etc.: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Trails</p> <p>Surface: _____ Dimensions: _____ Rails: _____ Signage: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Game Areas</p> <p>Equipment Safe for Disabled Persons: _____</p> <p>Access to Equipment Firm level paths: _____ Sufficient space between equipment for wheelchair maneuvering: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Management Office Facilities</p> <p>Access: <u> Y </u> Telephone (TDD): <u> NA </u> Signage: <u> Y </u> Safety: <u> Y </u></p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Deaf residents text for assistance | |

CHECKLIST OF FACILITY ACCESSIBILITY

Name of Municipality: City of Sunbury

Date of Completion: September 15, 2020

Facility Name and Address: Keithans Garden

South Front St and Garringer St

| Requirement | Compliance Status | | | Description | Modification |
|--|--------------------------|--------------------------|-------------------------------------|-------------|--------------|
| | Yes | No | N/A | | |
| Residential Units | | | | | |
| A. Total Number of Units: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| B. Accessible Units: _____ | | | | | |
| Number by Bedroom Size | | | | | |
| ___ Eff. 0 BR ___ #WC ___ #H/V | | | | | |
| ___ 1 BR ___ #WC ___ #H/V | | | | | |
| ___ 2 BR ___ #WC ___ #H/V | | | | | |
| ___ 3 BR ___ #WC ___ #H/V | | | | | |
| ___ 4 BR ___ #WC ___ #H/V | | | | | |
| ___ 5 BR ___ #WC ___ #H/V | | | | | |
| ___ Eff. 0 BR ___ #WC ___ #H/V | | | | | |
| ___ 1 BR ___ #WC ___ #H/V | | | | | |
| ___ 2 BR ___ #WC ___ #H/V | | | | | |
| ___ 3 BR ___ #WC ___ #H/V | | | | | |
| ___ 4 BR ___ #WC ___ #H/V | | | | | |
| ___ 5 BR ___ #WC ___ #H/V | | | | | |
| Eff./0 BR is Efficiency/Zero Bedrooms WC – Wheelchair, H/V – Hearing/Vision | | | | | |
| Parking Lots/Spaces | | | | | |
| A. Reserved Spaces | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Number (Total ___ Accessible ___) | | | | | |
| Resident (Total ___ Accessible ___) | | | | | |
| Visitor (Total ___ Accessible ___) | | | | | |
| Office (Total ___ Accessible ___) | | | | | |
| Location (in relation to facility) | | | | | |
| Vehicle access clearance | | | | | |
| Signage | | | | | |
| B. Ramps/Curb Cuts | | | | | |
| Location: _____ | | | | | |
| Dimensions: _____ | | | | | |
| Handrails/Handgrips: _____ | | | | | |
| C. Passenger Loading/Unloading | | | | | |
| Spaces: _____ | | | | | |
| Signage: _____ | | | | | |
| Location: _____ | | | | | |

CHECKLIST OF FACILITY ACCESSIBILITY (2)

| Requirement | Compliance Status | | | Description | Modification |
|--|-------------------------------------|--------------------------|-------------------------------------|--|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Public Telephones</p> Signage: _____ Clear floor space (wheelchair access): _____ Reach: _____ Height: _____ Controls: _____ Equipment: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Drinking Fountains (Interior & Exterior)</p> Location: <u>Chestnut Street Ramp</u> Clearance: _____ Height: _____ Spouts: _____ Control: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Elevators</p> Automatic: _____ Location: _____ Doors: _____ Control Panel: _____ Emergency Communications: _____ Floor Identification: _____ Lobby Call Buttons: _____ Outside Floor/Direction Indicators: _____ Signage: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Toilet/Bathing Facilities</p> Number (according to gender): <u> 1 </u> Location/Signage: _____ Doors/Fixtures/Dispensers Stalls: _____ Urinals: _____ Lavatories/Sinks: _____ Tubs/Showers: _____ Lockers Number: _____ Height: _____ Clear Floor Space: _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Locked. Only for use by renters. Is accessible | |

CHECKLIST OF FACILITY ACCESSIBILITY (3)

| Requirement | Compliance Status | | | Description | Modification |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Picnic Areas</p> <p>Tables and Benches No. accessible to wheelchairs: <u> 1 </u> Location (adjacent to level paths): <u> Y </u> Access to open spaces: <u> Y </u> Back and arm rests: <u> Y </u></p> <p>Grills Height of cooking surface: _____ Location (adjacent to level paths): _____</p> <p>Trash Receptacles Location (adjacent to level paths): _____ Safety & facility of equipment: _____</p> <p>Picnic Shelters Location (accessible by wide, firm path): _____ Located near accessible water fountains, trash receptacles, restrooms, parking, etc.: _____</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <p style="text-align: center;">Trails</p> <p>Surface: _____ Dimensions: _____ Rails: _____ Signage: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Game Areas</p> <p>Equipment Safe for Disabled Persons: _____</p> <p>Access to Equipment Firm level paths: _____ Sufficient space between equipment for wheelchair maneuvering: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Management Office Facilities</p> <p>Access: _____ Telephone (TDD): _____ Signage: _____ Safety: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |

CHECKLIST OF FACILITY ACCESSIBILITY

Name of Municipality: City of Sunbury

Date of Completion: September 15, 2020

Facility Name and Address: Riverfront Park

South Front Street Sunbury

| Requirement | Compliance Status | | | Description | Modification |
|--|--------------------------|--------------------------|-------------------------------------|-------------|--------------|
| | Yes | No | N/A | | |
| Residential Units | | | | | |
| A. Total Number of Units: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| B. Accessible Units: _____ | | | | | |
| Number by Bedroom Size | | | | | |
| ___ Eff. 0 BR ___ #WC ___ #H/V | | | | | |
| ___ 1 BR ___ #WC ___ #H/V | | | | | |
| ___ 2 BR ___ #WC ___ #H/V | | | | | |
| ___ 3 BR ___ #WC ___ #H/V | | | | | |
| ___ 4 BR ___ #WC ___ #H/V | | | | | |
| ___ 5 BR ___ #WC ___ #H/V | | | | | |
| ___ Eff. 0 BR ___ #WC ___ #H/V | | | | | |
| ___ 1 BR ___ #WC ___ #H/V | | | | | |
| ___ 2 BR ___ #WC ___ #H/V | | | | | |
| ___ 3 BR ___ #WC ___ #H/V | | | | | |
| ___ 4 BR ___ #WC ___ #H/V | | | | | |
| ___ 5 BR ___ #WC ___ #H/V | | | | | |
| Eff./0 BR is Efficiency/Zero Bedrooms WC – Wheelchair, H/V – Hearing/Vision | | | | | |
| Parking Lots/Spaces | | | | | |
| A. Reserved Spaces | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Number (Total ___ Accessible ___) | | | | | |
| Resident (Total ___ Accessible ___) | | | | | |
| Visitor (Total ___ Accessible ___) | | | | | |
| Office (Total ___ Accessible ___) | | | | | |
| Location (in relation to facility) | | | | | |
| Vehicle access clearance | | | | | |
| Signage | | | | | |
| B. Ramps/Curb Cuts | | | | | |
| Location: _____ | | | | | |
| Dimensions: _____ | | | | | |
| Handrails/Handgrips: _____ | | | | | |
| C. Passenger Loading/Unloading | | | | | |
| Spaces: _____ | | | | | |
| Signage: _____ | | | | | |
| Location: _____ | | | | | |

CHECKLIST OF FACILITY ACCESSIBILITY (2)

| Requirement | Compliance Status | | | Description | Modification |
|--|-------------------------------------|--------------------------|-------------------------------------|-------------|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Public Telephones</p> <p>Signage: _____</p> <p>Clear floor space (wheelchair access): _____</p> <p>Reach: _____</p> <p>Height: _____</p> <p>Controls: _____</p> <p>Equipment: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Drinking Fountains (Interior & Exterior)</p> <p>Location: <u>Chestnut Street Ramp</u></p> <p>Clearance: _____</p> <p>Height: _____</p> <p>Spouts: _____</p> <p>Control: _____</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <p style="text-align: center;">Elevators</p> <p>Automatic: _____</p> <p>Location: _____</p> <p>Doors: _____</p> <p>Control Panel: _____</p> <p>Emergency Communications: _____</p> <p>Floor Identification: _____</p> <p>Lobby Call Buttons: _____</p> <p>Outside Floor/Direction Indicators: _____</p> <p>Signage: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Toilet/Bathing Facilities</p> <p>Number (according to gender): _____</p> <p>Location/Signage: _____</p> <p>Doors/Fixtures/Dispensers</p> <p style="padding-left: 20px;">Stalls: _____</p> <p style="padding-left: 20px;">Urinals: _____</p> <p style="padding-left: 20px;">Lavatories/Sinks: _____</p> <p style="padding-left: 20px;">Tubs/Showers: _____</p> <p>Lockers</p> <p style="padding-left: 20px;">Number: _____</p> <p style="padding-left: 20px;">Height: _____</p> <p style="padding-left: 20px;">Clear Floor Space: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |

CHECKLIST OF FACILITY ACCESSIBILITY (3)

| Requirement | Compliance Status | | | Description | Modification |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Picnic Areas</p> <p>Tables and Benches No. accessible to wheelchairs: _____ Location (adjacent to level paths): _____ Access to open spaces: _____ Back and arm rests: _____</p> <p>Grills Height of cooking surface: _____ Location (adjacent to level paths): _____</p> <p>Trash Receptacles Location (adjacent to level paths): _____ Safety & facility of equipment: _____</p> <p>Picnic Shelters Location (accessible by wide, firm path): _____ Located near accessible water fountains, trash receptacles, restrooms, parking, etc.: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Trails</p> <p>Surface: <u>paved</u> _____ Dimensions: <u>8 ft wide; 1 mile long</u> _____ Rails: <u>No</u> _____ Signage: _____</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <p style="text-align: center;">Game Areas</p> <p>Equipment Safe for Disabled Persons: _____</p> <p>Access to Equipment Firm level paths: _____ Sufficient space between equipment for wheelchair maneuvering: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Management Office Facilities</p> <p>Access: _____ Telephone (TDD): _____ Signage: _____ Safety: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |

CHECKLIST OF FACILITY ACCESSIBILITY

Name of Municipality: City of Sunbury

Date of Completion: September 15, 2020

Facility Name and Address: Cameron Park

Market Street and 2nd Street

| Requirement | Compliance Status | | | Description | Modification |
|--|--------------------------|--------------------------|-------------------------------------|-------------|--------------|
| | Yes | No | N/A | | |
| Residential Units | | | | | |
| A. Total Number of Units: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| B. Accessible Units: _____ | | | | | |
| Number by Bedroom Size | | | | | |
| ___ Eff. 0 BR ___ #WC ___ #H/V | | | | | |
| ___ 1 BR ___ #WC ___ #H/V | | | | | |
| ___ 2 BR ___ #WC ___ #H/V | | | | | |
| ___ 3 BR ___ #WC ___ #H/V | | | | | |
| ___ 4 BR ___ #WC ___ #H/V | | | | | |
| ___ 5 BR ___ #WC ___ #H/V | | | | | |
| ___ Eff. 0 BR ___ #WC ___ #H/V | | | | | |
| ___ 1 BR ___ #WC ___ #H/V | | | | | |
| ___ 2 BR ___ #WC ___ #H/V | | | | | |
| ___ 3 BR ___ #WC ___ #H/V | | | | | |
| ___ 4 BR ___ #WC ___ #H/V | | | | | |
| ___ 5 BR ___ #WC ___ #H/V | | | | | |
| Eff./0 BR is Efficiency/Zero Bedrooms WC – Wheelchair, H/V – Hearing/Vision | | | | | |
| Parking Lots/Spaces | | | | | |
| A. Reserved Spaces | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Number (Total ___ Accessible ___) | | | | | |
| Resident (Total ___ Accessible ___) | | | | | |
| Visitor (Total ___ Accessible ___) | | | | | |
| Office (Total ___ Accessible ___) | | | | | |
| Location (in relation to facility) | | | | | |
| Vehicle access clearance | | | | | |
| Signage | | | | | |
| B. Ramps/Curb Cuts | | | | | |
| Location: _____ | | | | | |
| Dimensions: _____ | | | | | |
| Handrails/Handgrips: _____ | | | | | |
| C. Passenger Loading/Unloading | | | | | |
| Spaces: _____ | | | | | |
| Signage: _____ | | | | | |
| Location: _____ | | | | | |

CHECKLIST OF FACILITY ACCESSIBILITY (2)

| Requirement | Compliance Status | | | Description | Modification |
|---|--------------------------|--------------------------|-------------------------------------|-------------|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Public Telephones</p> Signage: _____ Clear floor space (wheelchair access): _____ Reach: _____ Height: _____ Controls: _____ Equipment: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Drinking Fountains (Interior & Exterior)</p> Location: _____ Clearance: _____ Height: _____ Spouts: _____ Control: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Elevators</p> Automatic: _____ Location: _____ Doors: _____ Control Panel: _____ Emergency Communications: _____ Floor Identification: _____ Lobby Call Buttons: _____ Outside Floor/Direction Indicators: _____ Signage: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Toilet/Bathing Facilities</p> Number (according to gender): _____ Location/Signage: _____ Doors/Fixtures/Dispensers Stalls: _____ Urinals: _____ Lavatories/Sinks: _____ Tubs/Showers: _____ Lockers Number: _____ Height: _____ Clear Floor Space: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |

CHECKLIST OF FACILITY ACCESSIBILITY (3)

| Requirement | Compliance Status | | | Description | Modification |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------|------------------------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Picnic Areas</p> <p>Tables and Benches No. accessible to wheelchairs: <u> 12 </u> Location (adjacent to level paths): <u> yes </u> Access to open spaces: <u> yes </u> Back and arm rests: <u> 7 </u></p> <p>Grills Height of cooking surface: <u> na </u> Location (adjacent to level paths): <u> na </u></p> <p>Trash Receptacles Location (adjacent to level paths): <u> yes </u> Safety & facility of equipment: <u> na </u></p> <p>Picnic Shelters Location (accessible by wide, firm path): <u> na </u> Located near accessible water fountains, trash receptacles, restrooms, parking, etc.: <u> na </u></p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Gazebo needs accessible ramp |
| <p style="text-align: center;">Trails</p> <p>Surface: _____ Dimensions: _____ Rails: _____ Signage: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Game Areas</p> <p>Equipment Safe for Disabled Persons: _____</p> <p>Access to Equipment Firm level paths: _____ Sufficient space between equipment for wheelchair maneuvering: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Management Office Facilities</p> <p>Access: _____ Telephone (TDD): _____ Signage: _____ Safety: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |

CHECKLIST OF FACILITY ACCESSIBILITY

Name of Municipality: City of Sunbury

Date of Completion: September 15, 2020

Facility Name and Address: Central Park

28 S. Fifth Street Sunbury

| Requirement | Compliance Status | | | Description | Modification |
|--|-------------------|----|-----|-------------|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Residential Units</p> <p>A. Total Number of Units: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p>B. Accessible Units: _____</p> <p>Number by Bedroom Size</p> <p>___ Eff. 0 BR ___ #WC ___ #H/V</p> <p>___ 1 BR ___ #WC ___ #H/V</p> <p>___ 2 BR ___ #WC ___ #H/V</p> <p>___ 3 BR ___ #WC ___ #H/V</p> <p>___ 4 BR ___ #WC ___ #H/V</p> <p>___ 5 BR ___ #WC ___ #H/V</p> <p>___ Eff. 0 BR ___ #WC ___ #H/V</p> <p>___ 1 BR ___ #WC ___ #H/V</p> <p>___ 2 BR ___ #WC ___ #H/V</p> <p>___ 3 BR ___ #WC ___ #H/V</p> <p>___ 4 BR ___ #WC ___ #H/V</p> <p>___ 5 BR ___ #WC ___ #H/V</p> <p>Eff./0 BR is Efficiency/Zero Bedrooms WC – Wheelchair, H/V – Hearing/Vision</p> | | | | | |
| <p style="text-align: center;">Parking Lots/Spaces</p> <p>A. Reserved Spaces <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p>Number (Total ___ Accessible ___)</p> <p>Resident (Total ___ Accessible ___)</p> <p>Visitor (Total ___ Accessible ___)</p> <p>Office (Total ___ Accessible ___)</p> <p>Location (in relation to facility)</p> <p>Vehicle access clearance</p> <p>Signage</p> <p>B. Ramps/Curb Cuts</p> <p>Location: _____</p> <p>Dimensions: _____</p> <p>Handrails/Handgrips: _____</p> <p>C. Passenger Loading/Unloading</p> <p>Spaces: _____</p> <p>Signage: _____</p> <p>Location: _____</p> | | | | | |

CHECKLIST OF FACILITY ACCESSIBILITY (2)

| Requirement | Compliance Status | | | Description | Modification |
|---|--------------------------|--------------------------|-------------------------------------|-------------|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Public Telephones</p> Signage: _____ Clear floor space (wheelchair access): _____ Reach: _____ Height: _____ Controls: _____ Equipment: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Drinking Fountains (Interior & Exterior)</p> Location: <u>Chestnut Street Ramp</u> Clearance: _____ Height: _____ Spouts: _____ Control: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Elevators</p> Automatic: _____ Location: _____ Doors: _____ Control Panel: _____ Emergency Communications: _____ Floor Identification: _____ Lobby Call Buttons: _____ Outside Floor/Direction Indicators: _____ Signage: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Toilet/Bathing Facilities</p> Number (according to gender): _____ Location/Signage: _____ Doors/Fixtures/Dispensers Stalls: _____ Urinals: _____ Lavatories/Sinks: _____ Tubs/Showers: _____ Lockers Number: _____ Height: _____ Clear Floor Space: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |

CHECKLIST OF FACILITY ACCESSIBILITY (3)

| Requirement | Compliance Status | | | Description | Modification |
|---|-------------------------------------|--------------------------|-------------------------------------|------------------------------------|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Picnic Areas</p> <p>Tables and Benches No. accessible to wheelchairs: _____ Location (adjacent to level paths): _____ Access to open spaces: _____ Back and arm rests: _____</p> <p>Grills Height of cooking surface: _____ Location (adjacent to level paths): _____</p> <p>Trash Receptacles Location (adjacent to level paths): <u> Y </u> Safety & facility of equipment: <u> Y </u></p> <p>Picnic Shelters Location (accessible by wide, firm path): _____ Located near accessible water fountains, trash receptacles, restrooms, parking, etc.: _____</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Raised garden beds are accessible. | |
| <p style="text-align: center;">Trails</p> <p>Surface: _____ Dimensions: _____ Rails: _____ Signage: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Game Areas</p> <p>Equipment Safe for Disabled Persons: _____</p> <p>Access to Equipment Firm level paths: _____ Sufficient space between equipment for wheelchair maneuvering: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Management Office Facilities</p> <p>Access: _____ Telephone (TDD): _____ Signage: _____ Safety: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |

CHECKLIST OF FACILITY ACCESSIBILITY

Name of Municipality: City of Sunbury

Date of Completion: September 15, 2020

Facility Name and Address: OPG

North 2nd and Line Streets

| Requirement | Compliance Status | | | Description | Modification |
|---|-------------------------------------|--------------------------|-------------------------------------|---|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Residential Units</p> <p>A. Total Number of Units: _____</p> <p>B. Accessible Units: _____</p> <p>Number by Bedroom Size</p> <p>___ Eff. 0 BR ___ #WC ___ #H/V</p> <p>___ 1 BR ___ #WC ___ #H/V</p> <p>___ 2 BR ___ #WC ___ #H/V</p> <p>___ 3 BR ___ #WC ___ #H/V</p> <p>___ 4 BR ___ #WC ___ #H/V</p> <p>___ 5 BR ___ #WC ___ #H/V</p> <p>___ Eff. 0 BR ___ #WC ___ #H/V</p> <p>___ 1 BR ___ #WC ___ #H/V</p> <p>___ 2 BR ___ #WC ___ #H/V</p> <p>___ 3 BR ___ #WC ___ #H/V</p> <p>___ 4 BR ___ #WC ___ #H/V</p> <p>___ 5 BR ___ #WC ___ #H/V</p> <p>Eff./0 BR is Efficiency/Zero Bedrooms WC – Wheelchair, H/V – Hearing/Vision</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Parking Lots/Spaces</p> <p>A. Reserved Spaces</p> <p>Number (Total ___ Accessible ___)</p> <p>Resident (Total ___ Accessible ___)</p> <p>Visitor (Total ___ Accessible ___)</p> <p>Office (Total ___ Accessible ___)</p> <p>Location (in relation to facility)</p> <p>Vehicle access clearance</p> <p>Signage</p> <p>B. Ramps/Curb Cuts</p> <p>Location: _____</p> <p>Dimensions: _____</p> <p>Handrails/Handgrips: _____</p> <p>C. Passenger Loading/Unloading</p> <p>Spaces: _____</p> <p>Signage: _____</p> <p>Location: _____</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Paved parking lot with access to playground | |

CHECKLIST OF FACILITY ACCESSIBILITY (2)

| Requirement | Compliance Status | | | Description | Modification |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Public Telephones</p> Signage: _____ Clear floor space (wheelchair access): _____ Reach: _____ Height: _____ Controls: _____ Equipment: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Drinking Fountains (Interior & Exterior)</p> Location: _____ Clearance: _____ Height: _____ Spouts: _____ Control: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Elevators</p> Automatic: _____ Location: _____ Doors: _____ Control Panel: _____ Emergency Communications: _____ Floor Identification: _____ Lobby Call Buttons: _____ Outside Floor/Direction Indicators: _____ Signage: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Toilet/Bathing Facilities</p> Number (according to gender): <u> 1 </u> Location/Signage: _____ Doors/Fixtures/Dispensers Stalls: _____ Urinals: _____ Lavatories/Sinks: <u> 1 </u> Tubs/Showers: _____ Lockers Number: <u> 0 </u> Height: _____ Clear Floor Space: _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Within fenced playground | |

CHECKLIST OF FACILITY ACCESSIBILITY (3)

| Requirement | Compliance Status | | | Description | Modification |
|---|-------------------------------------|--------------------------|-------------------------------------|------------------------------------|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Picnic Areas</p> <p>Tables and Benches No. accessible to wheelchairs: _____ Location (adjacent to level paths): _____ Access to open spaces: _____ Back and arm rests: _____</p> <p>Grills Height of cooking surface: _____ Location (adjacent to level paths): _____</p> <p>Trash Receptacles Location (adjacent to level paths): _____ Safety & facility of equipment: _____</p> <p>Picnic Shelters Location (accessible by wide, firm path): <u>Y</u> Located near accessible water fountains, trash receptacles, restrooms, parking, etc.: <u>Y</u></p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All accessible | |
| <p style="text-align: center;">Trails</p> <p>Surface: _____ Dimensions: _____ Rails: _____ Signage: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Game Areas</p> <p>Equipment Safe for Disabled Persons: <u>Y</u></p> <p>Access to Equipment Firm level paths: <u>Y</u> Sufficient space between equipment for wheelchair maneuvering: <u>Y</u></p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basketball court, spray playground | |
| <p style="text-align: center;">Management Office Facilities</p> <p>Access: _____ Telephone (TDD): _____ Signage: _____ Safety: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |

CHECKLIST OF FACILITY ACCESSIBILITY

Name of Municipality: City of Sunbury

Date of Completion: July 21, 2021

Facility Name and Address: Police Department

440 Market Street, Sunbury, PA 17801

| Requirement | Compliance Status | | | Description | Modification |
|---|--------------------------|--------------------------|-------------------------------------|---|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Residential Units</p> <p>A. Total Number of Units: _____</p> <p>B. Accessible Units: _____</p> <p>Number by Bedroom Size</p> <p>___ Eff. 0 BR ___ #WC ___ #H/V</p> <p>___ 1 BR ___ #WC ___ #H/V</p> <p>___ 2 BR ___ #WC ___ #H/V</p> <p>___ 3 BR ___ #WC ___ #H/V</p> <p>___ 4 BR ___ #WC ___ #H/V</p> <p>___ 5 BR ___ #WC ___ #H/V</p> <p>___ Eff. 0 BR ___ #WC ___ #H/V</p> <p>___ 1 BR ___ #WC ___ #H/V</p> <p>___ 2 BR ___ #WC ___ #H/V</p> <p>___ 3 BR ___ #WC ___ #H/V</p> <p>___ 4 BR ___ #WC ___ #H/V</p> <p>___ 5 BR ___ #WC ___ #H/V</p> <p>Eff./0 BR is Efficiency/Zero Bedrooms WC – Wheelchair, H/V – Hearing/Vision</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Lobby only | |
| <p style="text-align: center;">Parking Lots/Spaces</p> <p>A. Reserved Spaces</p> <p>Number (Total ___ Accessible ___)</p> <p>Resident (Total ___ Accessible ___)</p> <p>Visitor (Total ___ Accessible ___)</p> <p>Office (Total ___ Accessible ___)</p> <p>Location (in relation to facility)</p> <p>Vehicle access clearance</p> <p>Signage</p> <p>B. Ramps/Curb Cuts</p> <p>Location: _____</p> <p>Dimensions: _____</p> <p>Handrails/Handgrips: _____</p> <p>C. Passenger Loading/Unloading</p> <p>Spaces: _____</p> <p>Signage: _____</p> <p>Location: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Public on street parking on Market Street. 1 designated handicap space. | |

CHECKLIST OF FACILITY ACCESSIBILITY (2)

| Requirement | Compliance Status | | | Description | Modification |
|---|--------------------------|--------------------------|-------------------------------------|-------------|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Public Telephones</p> Signage: _____ Clear floor space (wheelchair access): _____ Reach: _____ Height: _____ Controls: _____ Equipment: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Drinking Fountains (Interior & Exterior)</p> Location: _____ Clearance: _____ Height: _____ Spouts: _____ Control: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Elevators</p> Automatic: _____ Location: _____ Doors: _____ Control Panel: _____ Emergency Communications: _____ Floor Identification: _____ Lobby Call Buttons: _____ Outside Floor/Direction Indicators: _____ Signage: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Toilet/Bathing Facilities</p> Number (according to gender): _____ Location/Signage: _____ Doors/Fixtures/Dispensers Stalls: _____ Urinals: _____ Lavatories/Sinks: _____ Tubs/Showers: _____ Lockers Number: _____ Height: _____ Clear Floor Space: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |

CHECKLIST OF FACILITY ACCESSIBILITY (3)

| Requirement | Compliance Status | | | Description | Modification |
|---|-------------------------------------|--------------------------|-------------------------------------|---|--------------|
| | Yes | No | N/A | | |
| <p style="text-align: center;">Picnic Areas</p> <p>Tables and Benches No. accessible to wheelchairs: _____ Location (adjacent to level paths): _____ Access to open spaces: _____ Back and arm rests: _____</p> <p>Grills Height of cooking surface: _____ Location (adjacent to level paths): _____</p> <p>Trash Receptacles Location (adjacent to level paths): _____ Safety & facility of equipment: _____</p> <p>Picnic Shelters Location (accessible by wide, firm path): _____ Located near accessible water fountains, trash receptacles, restrooms, parking, etc.: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Trails</p> <p>Surface: _____ Dimensions: _____ Rails: _____ Signage: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Game Areas</p> <p>Equipment Safe for Disabled Persons: _____</p> <p>Access to Equipment Firm level paths: _____ Sufficient space between equipment for wheelchair maneuvering: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| <p style="text-align: center;">Management Office Facilities</p> <p>Access: <u> Y </u> Telephone (TDD): <u> clerk </u> Signage: <u> y </u> Safety: _____</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Police office lobby is open to the public and staffed by clerk. | |