

# NJ State Council on the Arts FY18-FY20 ADA PLAN OUTLINE

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## Page One

### 1) Please provide your organizational information.

First Name\*: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address\*: \_\_\_\_\_

Apt/Suite/Office\*: \_\_\_\_\_

City: \_\_\_\_\_

State\*: \_\_\_\_\_

Postal Code\*: \_\_\_\_\_

County: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number\*: \_\_\_\_\_

Mobile Phone\*: \_\_\_\_\_

Website: \_\_\_\_\_

### 2) Grant type:

GOS

GPS

LAP

**3) Category:**

- Arts Education
- County Arts Agency
- Crafts
- Dance
- Folk Arts
- Literature
- Media
- Multi Disciplinary
- Music
- Opera/Musical Theatre
- Presenters
- Theatre
- Visual Arts

**4) Please provide your organization's mission and one paragraph describing the type of programming your organization offers here:**

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**5) Please indicate the types of events your organization offers. You may choose more than one:**

- Teen Arts
- Lectures/Workshops
- Concerts/Plays/Musicals

Poetry/Play Readings

Exhibits

Docent Tours

Outdoor Events

Other: \_\_\_\_\_

**6) Since the submission of your last ADA plan, please provide a brief overview (350 words or less) of your organization's access efforts in a variety of areas, (policies, marketing, programming, facilities, etc).**

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## **Organizational Policies and Practices**

**7) Organization has used the ADA Self-Assessment Survey Tool or contracted a professional assessment of its facilities and programs.**

**Organization has used the ADA Self-Assessment Survey Tool or contracted a professional assessment of its facilities and programs.**

Yes

No

**Explain the process your organization used to conduct the assessment, who from the organization was involved and how you plan to use the assessment in the future. How often does the organization reassess its programs and facilities?**

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Date Self Assessment completed: \_\_\_\_\_

**8) Organization has a board-approved policy statement regarding ADA compliance. Please include date of adoption.**

**Organization has a board-approved policy statement regarding ADA compliance. Please include date of adoption.**

Yes

No

**Place policy here:**

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Date of adoption:: \_\_\_\_\_

**9) Organization has/shares an ADA coordinator.**

**Organization has/shares an ADA coordinator.**

Yes

No

**Please provide Name, Phone and Email of ADA Coordinator. If your organization does not have a coordinator, please explain the plan for identifying one.**

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**10) Organization has/shares an established ADA advisory board.**

**Organization has/shares an established ADA advisory board.**

Yes

No

**List names and affiliation (note if any of the members have a disability): If no, please explain your organization's process and timeline for establishing an advisory board.**

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**11) Organization offers sensitivity training to staff, board, and/or volunteers on an annual basis.**

**Organization offers sensitivity training to staff, board, and/or volunteers on an annual basis.**

Yes

No

**Provide a description of the training, who conducts the sessions, and their qualifications. If no, please explain process and timeline for offering training opportunities.**

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**12) Access Budget**

**Do you have a budget for your access programs and services?**

Yes

No

**If so, how much?**

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**If not, what are your plans for developing one?**

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**13) Does the organization have an Emergency Preparedness Plan that includes provisions for patrons with disabilities?**

**Does the organization have an Emergency Preparedness Plan that includes provisions for patrons with disabilities?**

Yes

No

**Place Emergency Plan here or if you do not have one, what are the steps you are taking to complete one.:**

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Date of adoption:: \_\_\_\_\_

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## Employment Issues

**14) Organization has an organizational employment non-discrimination policy statement, which includes people with disabilities.**

**Organization has an organizational employment non-discrimination policy statement, which includes people with disabilities.**

Yes

No

**Place statement here: If no, please explain your organization's process and timeline for adopting a non-discrimination policy.**

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**15) Organization offers employment forms in alternate formats or offers assistance in filling out employment forms.**

**Organization offers employment forms in alternate formats or offers assistance in filling out employment forms.**

Yes

No

**Explain:**

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**16) Organization has a plan to provide reasonable accommodations for meeting and/or employee interviews if its current administrative office is not accessible.**

**Organization has a plan to provide reasonable accommodations for meeting and/or employee interviews if its current administrative office is not accessible.**

Yes

No

**Explain:**

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**17) Organization is proactive in hiring artists/staff/volunteers with disabilities.**

**Organization is proactive in hiring artists/staff/volunteers with disabilities.**

Yes

No

**Explain:**

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**18) When hiring individuals with disabilities, it is important to identify the essential and the marginal functions of the job.**

**If you do have a *sample* job description for management and volunteers that separates marginal and essential functions, please paste here:**

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## Grievance Procedure

**19) Does the organization have a Board of Directors approved procedure for accepting grievances from the public?**

**Insert Grievance Policy below.**

**Please include the date the procedure was adopted. If no, please explain your organization's process and timeline for adopting a Grievance Procedure.**

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## Programmatic Issues

**20) Assistive listening system provided in assembly areas, seating areas, and/or for guided tours or lectures.**

**Assistive listening system provided in assembly areas, seating areas, and/or for guided tours or lectures.**

( ) Yes (Explain in text box below)

( ) No (Explain in text box below)

( ) N/A: (Explain): \_\_\_\_\_

Person Responsible:: \_\_\_\_\_

Estimated Cost:: \_\_\_\_\_

**Goals for FY18**

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**Goals for FY19**

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**Goals for FY20**

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**21) Sign language interpretation of performances, guided tours, or lectures.**

**Sign language interpretation of performances, guided tours, or lectures.**

( ) Yes (Explain in text box below)

( ) No (Explain in text box below)

( ) N/A: (Explain): \_\_\_\_\_

Person Responsible:: \_\_\_\_\_

Estimated Cost:: \_\_\_\_\_

**Goals for FY18**

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**Goals for FY19**

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**Goals for FY20**

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**22) Open/closed captioning at performances, lectures, tours, workshops, or for film/video.**

**Open/closed captioning at performances, lectures, tours, workshops, or for film/video.**

Yes (Explain in text box below)

No (Explain in text box below)

N/A: (Explain): \_\_\_\_\_

Person Responsible:: \_\_\_\_\_

Estimated Cost:: \_\_\_\_\_

**Goals for FY18**

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**Goals for FY19**

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**Goals for FY20**

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**23) Advance copies of scripts or synopses.**

**Advance copies of scripts or synopses.**

Yes (Explain in text box below)

No (Explain in text box below)

N/A: (Explain): \_\_\_\_\_

Person Responsible:: \_\_\_\_\_

Estimated Cost:: \_\_\_\_\_

**Goals for FY18**

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**Goals for FY19**

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**Goals for FY20**

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**24) Printed self-guided tours.**

**Printed self-guided tours.**

Yes (Explain in text box below)

No (Explain in text box below)

N/A: (Explain): \_\_\_\_\_

Person Responsible:: \_\_\_\_\_

Estimated Cost:: \_\_\_\_\_

**Goals for FY18**

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**Goals for FY19**

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**Goals for FY20**

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**25) Admits service animals.**

**Admits service animals.**

Yes (Explain in text box below)

No (Explain in text box below)

N/A: (Explain): \_\_\_\_\_

**26) Audio described performances or guided tours.**

**Audio described performances or guided tours.**

Yes (Explain in text box below)

No (Explain in text box below)

N/A: (Explain): \_\_\_\_\_

Person Responsible:: \_\_\_\_\_

Estimated Cost:: \_\_\_\_\_

**Goals for FY18**

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**Goals for FY19**

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**Goals for FY20**

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**27) Sensory seminars in conjunction with an event or exhibition.**

**Sensory seminars in conjunction with an event or exhibition.**

Yes (Explain in text box below)

No (Explain in text box below)

N/A: (Explain): \_\_\_\_\_

Person Responsible:: \_\_\_\_\_

Estimated Cost:: \_\_\_\_\_

**Goals for FY18**

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**Goals for FY19**

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**Goals for FY20**

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**28) Braille materials (programs, exhibit or display signage, and/or other materials).**

**Braille materials (programs, exhibit or display signage, and/or other materials).**

( ) Yes (Explain in text box below)

( ) No (Explain in text box below)

( ) N/A: (Explain): \_\_\_\_\_

Person Responsible:: \_\_\_\_\_

Estimated Cost:: \_\_\_\_\_

**Goals for FY18**

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**Goals for FY19**

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**Goals for FY20**

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**29) Marketing Materials**

**Are your materials available online or in hard copy? Do you offer large print materials (event brochures, programs, signage, exhibit or display signage, and/or other materials)?**



( ) Yes (Explain in text box below)

( ) No (Explain in text box below)

( ) N/A: (Explain): \_\_\_\_\_

Person Responsible:: \_\_\_\_\_

Estimated Cost:: \_\_\_\_\_

**Goals for FY18**

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**Goals for FY19**

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**Goals for FY20**

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**30) Digital Media**

**Digital media of exhibits, such as MP-3s digital audio, smartphone, iPod or other recordings.**

( ) Yes (Explain in text box below)

( ) No (Explain in text box below)

( ) N/A: (Explain): \_\_\_\_\_

Person Responsible:: \_\_\_\_\_

Estimated Cost:: \_\_\_\_\_

**Goals for FY18**

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**Goals for FY19**

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**Goals for FY20**

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**31) Admits service animals.**

**Admits service animals.**

Yes (Explain in text box below)

No (Explain in text box below)

N/A: (Explain): \_\_\_\_\_

**32) Please explain other services your organization offers or plans to offer individuals with autism, cognitive disabilities or developmental disabilities. Explain here:**

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## Effective Communications (Publications, Marketing/Outreach, Website)

### 33) Website

**Organization has an accessible website providing basic accessibility features: high contrast, adjustable type size, alternate text for images, plain text option, etc.**

Yes (Explain in text box below)

No (Explain in text box below)

N/A (Explain): \_\_\_\_\_

Person Responsible:: \_\_\_\_\_

Estimated Cost:: \_\_\_\_\_

#### Goals for FY18

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#### Goals for FY19

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#### Goals for FY20

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**34) Organization has an accessibility statement on their website.**

**Organization has an accessibility statement on their website.**

Yes (Explain in text box below)

No (Explain in text box below)

N/A (Explain): \_\_\_\_\_

Person Responsible:: \_\_\_\_\_

Estimated Cost:: \_\_\_\_\_

**Goals for FY18**

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**Goals for FY19**

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**Goals for FY20**

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**35) Organization has an accessibility section on the website that lists accessible programs and services to patrons.**

**Organization has an accessibility section on the website that lists accessible programs and services to patrons.**

Yes (Explain in text box below)

No (Explain in text box below)

N/A (Explain): \_\_\_\_\_

Person Responsible:: \_\_\_\_\_

Estimated Cost:: \_\_\_\_\_

**Goals for FY18**

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**Goals for FY19**

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**Goals for FY20**

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**36) Does your agency sell tickets online to events? If no, skip to Question 39.**

Yes

No

**37) Organization offers ticket sales on its website or through an on-line ticketing service.**

**Organization offers ticket sales on its website or through an on-line ticketing service.**

Yes (Explain in text box below)

No (Explain in text box below)

N/A (Explain): \_\_\_\_\_

Person Responsible:: \_\_\_\_\_

Estimated Cost:: \_\_\_\_\_

**Goals for FY18**

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**Goals for FY19**

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**Goals for FY20**

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**38) Seating**

**Organization offers seating diagram or chart showing location of accessible seating for ticket sales on its website or through an on-line ticketing service.**

Yes (Explain in text box below)

No (Explain in text box below)

N/A (Explain): \_\_\_\_\_

Person Responsible:: \_\_\_\_\_

Estimated Cost:: \_\_\_\_\_

**Goals for FY18**

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**Goals for FY19**

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**Goals for FY20**

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**39) Pricing**

**Organization offers tickets in all price ranges to people with disabilities and up to three companions requesting accessible seating.**

Yes (Explain in text box below)

No (Explain in text box below)

( ) N/A (Explain): \_\_\_\_\_

Person Responsible:: \_\_\_\_\_

Estimated Cost:: \_\_\_\_\_

**Goals for FY18**

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**Goals for FY19**

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**Goals for FY20**

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**40) Organization offers discounted ticket prices to individuals with disabilities and their companion.**

**Organization offers discounted ticket prices to individuals with disabilities and their companion.**

( ) Yes (Explain in text box below)

( ) No (Explain in text box below)

( ) N/A (Explain): \_\_\_\_\_

Person Responsible:: \_\_\_\_\_

Estimated Cost:: \_\_\_\_\_

**Goals for FY18**



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**Goals for FY19**

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**Goals for FY20**

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**41) Brochures and other marketing materials**

**Brochures and other marketing materials are available or offered in alternate formats (e.g. large print/Braille/electronic media).**

Yes (Explain in text box below)

No (Explain in text box below)

N/A (Explain): \_\_\_\_\_

Person Responsible:: \_\_\_\_\_

Estimated Cost:: \_\_\_\_\_

**Goals for FY18**

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**Goals for FY19**

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**Goals for FY20**

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**42) Brochures and other marketing materials list appropriate international access symbols and a statement regarding accessibility policies.**

**Brochures and other marketing materials list appropriate international access symbols and a statement regarding accessibility policies.**

Yes (Explain in text box below)

No (Explain in text box below)

N/A (Explain): \_\_\_\_\_

Person Responsible:: \_\_\_\_\_

Estimated Cost:: \_\_\_\_\_

**Goals for FY18**

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**Goals for FY19**

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**Goals for FY20**

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**43) Advance notification policy**

**Organization has reasonable advance notification policy for patrons interested in utilizing its programs and services (e.g. sign interpretation, large print programs, etc.).**

Yes (Explain in text box below)

No (Explain in text box below)

N/A (Explain): \_\_\_\_\_

Person Responsible:: \_\_\_\_\_

Estimated Cost:: \_\_\_\_\_

**Goals for FY18**

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**Goals for FY19**

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**Goals for FY20**

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**44) Organization utilizes its ADA advisory board or similar representation to reach patrons with disabilities.**

**Organization utilizes its ADA advisory board or similar representation to reach patrons with disabilities.**

Yes (Explain in text box below)

No (Explain in text box below)

N/A (Explain): \_\_\_\_\_

Person Responsible:: \_\_\_\_\_

Estimated Cost:: \_\_\_\_\_

**Goals for FY18**

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**Goals for FY19**

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**Goals for FY20**

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**45) The organization has developed or is planning to develop a targeted marketing approach to reach out to patrons with disabilities.**

**The organization has developed or is planning to develop a targeted marketing approach to reach out to patrons with disabilities.**

( ) Yes (Explain in text box below)

( ) No (Explain in text box below)

( ) N/A (Explain): \_\_\_\_\_

Person Responsible:: \_\_\_\_\_

Estimated Cost:: \_\_\_\_\_

**Goals for FY18**

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**Goals for FY19**

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**Goals for FY20**

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**Facility Accessibility**

**46) For touring companies or organizations that use other facilities than those they own:**

**--if you provide a letter of agreement rider, or ADA checklist (see self- assessment survey tool appendix) to the landlord or manager of the venue in which the programming will take place,**

**or**

**--if your services are contracted, presented or part of a larger production/festival/exhibit**

**you are still responsible for advocating and requesting accessibility services for your artists and the patrons who will participate/view the performance/exhibit.**

**Please attach your rider, LOA or ADA checklist.**

**Please be sure the file name includes your organization's name. EXAMPLE:**

**NJTA.tour.rider.doc**

**Allowed types: doc, docx, pdf, txt**

\_\_\_\_\_ 1

\_\_\_\_\_ 1

\_\_\_\_\_ 2

\_\_\_\_\_ 3

\_\_\_\_\_ 4

**47) Accessible route from public transportation to the facility.**

**Please accurately describe this accommodation for ALL of the facilities you maintain or utilize. (i.e., performance, exhibit, classroom, office and rehearsal space)**

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**If you do not offer the accommodation, please explain your FY18 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**If you do not offer the accommodation, please explain your FY19 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**If you do not offer the accommodation, please explain your FY20 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**48) ADA compliant parking.**

**Please accurately describe this accommodation for ALL of the facilities you maintain or utilize. (i.e., performance, exhibit, classroom, office and rehearsal space)**

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**If you do not offer the accommodation, please explain your FY18 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**If you do not offer the accommodation, please explain your FY19 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**If you do not offer the accommodation, please explain your FY20 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**49) Accessible route from parking to primary accessible entrance.**

**Please accurately describe this accommodation for ALL of the facilities you maintain or utilize. (i.e., performance, exhibit, classroom, office and rehearsal space)**

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**If you do not offer the accommodation, please explain your FY18 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**If you do not offer the accommodation, please explain your FY19 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**If you do not offer the accommodation, please explain your FY20 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**50) ADA compliant doors to entrance, bathrooms, assembly areas, gallery and display areas.**

**Please accurately describe this accommodation for ALL of the facilities you maintain or utilize. (i.e., performance, exhibit, classroom, office and rehearsal space)**

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**If you do not offer the accommodation, please explain your FY18 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**If you do not offer the accommodation, please explain your FY19 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**If you do not offer the accommodation, please explain your FY20 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**51) Multi-level facility has an elevator or interior ramps at level or floor changes.**

**Please accurately describe this accommodation for ALL of the facilities you maintain or utilize. (i.e., performance, exhibit, classroom, office and rehearsal space)**

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**If you do not offer the accommodation, please explain your FY18 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**If you do not offer the accommodation, please explain your FY19 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**If you do not offer the accommodation, please explain your FY20 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**52) Restrooms (or unisex bathroom) used by the public are ADA compliant.**

**Please accurately describe this accommodation for ALL of the facilities you maintain or utilize. (i.e., performance, exhibit, classroom, office and rehearsal space)**

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**If you do not offer the accommodation, please explain your FY18 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**If you do not offer the accommodation, please explain your FY19 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**If you do not offer the accommodation, please explain your FY20 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**53) Seating area(s) of facility has the correct percentage of wheelchair locations on each level as required by law. Please include the % of seats that are wheelchair accessible.**

**Please accurately describe this accommodation for ALL of the facilities you maintain or utilize. (i.e., performance, exhibit, classroom, office and rehearsal space)**

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**If you do not offer the accommodation, please explain your FY18 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**If you do not offer the accommodation, please explain your FY19 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**If you do not offer the accommodation, please explain your FY20 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**54) ADA compliant signage (compliant signage would include Braille, correct type size, high contrast design elements, correct mounting and height).**

**Please accurately describe this accommodation for ALL of the facilities you maintain or utilize. (i.e., performance, exhibit, classroom, office and rehearsal space)**

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**If you do not offer the accommodation, please explain your FY18 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**If you do not offer the accommodation, please explain your FY19 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**If you do not offer the accommodation, please explain your FY20 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**55) ADA compliant box office window/information desk.**

**Please accurately describe this accommodation for ALL of the facilities you maintain or utilize. (i.e., performance, exhibit, classroom, office and rehearsal space)**

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**If you do not offer the accommodation, please explain your FY18 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**If you do not offer the accommodation, please explain your FY19 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**If you do not offer the accommodation, please explain your FY20 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**56) ADA compliant concession stand/gift shop.**

**Please accurately describe this accommodation for ALL of the facilities you maintain or utilize. (i.e., performance, exhibit, classroom, office and rehearsal space)**

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**If you do not offer the accommodation, please explain your FY18 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**If you do not offer the accommodation, please explain your FY19 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**If you do not offer the accommodation, please explain your FY20 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**57) ADA compliant performance/dressing room/artist space.**

**Please accurately describe this accommodation for ALL of the facilities you maintain or utilize. (i.e., performance, exhibit, classroom, office and rehearsal space)**

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**If you do not offer the accommodation, please explain your FY18 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**If you do not offer the accommodation, please explain your FY19 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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**If you do not offer the accommodation, please explain your FY20 goals for offering the accommodation, estimated resources and the person responsible for implementing the accommodation.**

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