

**ASSURANCES - A**

**ACCEPTANCE OF GRANT CONDITIONS AND TERMS  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG), HOUSING OPPORTUNITIES  
FOR PERSONS WITH AIDS (HOPWA), AND EMERGENCY SOLUTIONS GRANT (ESG)**

As the duly authorized representative for

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(Agency name)

I understand and agree to the grant conditions and terms described in the DCHD policies and procedures manual and application packet for the 48th Program Year (September 1, 2022 to August 31, 2023). Should the El Paso City Council award CDBG/HOPWA/ESG funding for

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(Project Name)

I understand that the award may be revoked by City Council should

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(Agency Name)

fail to adhere to the schedule agreed upon for the project. I agree and acknowledge that if the award of funding is revoked by City Council at any time, the agency will not be entitled to any costs or damages from the City. Additionally, if there have been monies expended for project expenses, these monies will be reimbursed to the City.

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Name

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Signature

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Title

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Date

**ASSURANCES – B**

**ASSURANCE OF APPLICANT ELIGIBILITY  
FOR NON-PROFIT ORGANIZATIONS**

As President (Chairman) of the Board of Directors of \_\_\_\_\_, I

certify that the agency, as applicant for CDBG/HOPWA/ESG funding administered by the Department of Community and Human Development from the City of El Paso, Texas, has non-profit tax-exempt status under Section 501(c)(3) of the Internal Revenue Service Code at the time of application.

I also certify that \_\_\_\_\_ is the Authorized Signatory for the agency, and has formal authorization from its Board of Directors to submit proposals and sign contracts on behalf of the agency for DCHD funding to the City of El Paso, Texas.

I further certify that a copy of the Articles of Incorporation, organizational by-laws, IRS 501(c)(3) certification letter, and the most current agency Audit Report or Audited Financial Statement is being included with the DCHD funding proposal.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

**ASSURANCES – C**

**ASSURANCE OF COMPLIANCE WITH ORDINANCE NO. 9779**

As \_\_\_\_\_ of \_\_\_\_\_  
(Position Title) (Agency)

I certify on behalf of the stated organization that as applicant for CDBG/HOPWA/ESG funding administered by the Department of Community and Human Development from the City of El Paso, the entity will comply with the City of El Paso's Ordinance No. 9779 (Non-Discrimination Against Disabled Persons) and all requirements imposed by said Ordinance. The organization further certifies that in accordance with the foregoing requirements, no qualified person, shall on the basis of disability, be excluded from participation in or be denied the benefits of any program or activity receiving financial assistance from or operated by the City of El Paso, or be subjected to discrimination with respect to employment by Grantees of the City of El Paso's financial assistance.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

**ACCESSIBILITY/LETTER OF ASSURANCE- D**

**TO:** ADA Accessibility Coordinator

**DATE:** \_\_\_\_\_

Sun Metro Mass Transit Department 5081 Fred  
Wilson  
El Paso, Texas 79906 (915) 212-3005

As required by the City of El Paso, the applicant for funding, assistance from the City of El Paso, or contracting with the City of El Paso named below agrees to comply with the City of El Paso Ordinance #9779, Non-Discrimination Against Disabled Persons, and all requirements imposed by said ordinance. The applicant agrees that in accordance with the foregoing requirements, no qualified person shall, on the basis of disability, be excluded from participation in or be denied the benefits of any program or activity receiving financial assistance from or operated by the City of El Paso, or be subjected to discrimination with respect to employment by any recipient of City assistance.

Listed below are the exact addresses for **all sites** to be used for the proposed project. (If a section is not applicable, note reason - e.g. "Office in home" or "no rehearsal space."). If you require further space, you may attach an additional sheet.

Administration: \_\_\_\_\_

Program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Program: \_\_\_\_\_

Program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Attached is a current Self-Evaluation form for each of the above sites. (If a completed Self-Evaluation form is on file at the proposed site, the applicant may provide a copy *provided* all information is current. If the site has been modified, or if a Self-Evaluation has not been performed on the site, the applicant must complete and submit a current form.

If the ADA Accessibility Coordinator has found a proposed site to be in Conditional or Non-Compliance status, the applicant must also submit a copy of the **Transition Plan** which is a written agreement between the location's owners or occupants and the City detailing required changes to the site and the time frame to complete these changes. (There is no form for the Transition Plan.)

The applicant understands that any change in the approved site requires notification of the ADA Accessibility Coordinator in Capital Improvement Department **at least 60 days prior to use of the new site**. Questions regarding the above information may be addressed to the contact person listed below. The applicant will expect notification by letter of the accessibility status of each site.

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone of Contact Person

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

GUIDELINES/SELF-EVALUATION FOR COMMUNITY DEVELOPMENT  
AND CITY OF EL PASO SUBRECIPIENTS

Agency Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Date: \_\_\_\_\_

\_\_\_\_\_

Age of Facility: \_\_\_\_\_

Scope of Work \_\_\_\_\_

New Construction  Renovation/Alteration  Addition to Existing Building  N/A Explain

Person Filling Out Report: \_\_\_\_\_

Reference\*

ADAAG & TAS 201      New construction must meet 2015 ADA Accessibility Guidelines and 2015 Texas Accessibility Standard Requirements.

ADAAG & TAS 202      Renovations/Alterations of an area of must meet the 2015 ADA Accessibility Guidelines and 2015 Texas Accessibility Requirements which includes upgrading parking, the accessible route to and through the renovated area, the restrooms/bathrooms, drinking fountains, and public phones.

UFAS 4.6.  
ADAAG & TAS 208,  
502

1.) Parking Spaces

- a. How many total parking spaces? \_\_\_\_\_
- b. How many are accessible for the disabled? \_\_\_\_\_
- c. How wide is accessible parking space? (8' min.) \_\_\_\_\_
- d. How wide is accessible access aisle? (5' or 8' for a van space) \_\_\_\_\_
- e. Is the accessible parking space on the shortest accessible route of travel from adjacent parking to the accessible entrance?  Yes  No  
If no, please explain: \_\_\_\_\_
- f. Is at least one space a van accessible space (8' space and an 8' access aisle or 11' space with a 5 access aisle)? For every six accessible parking spaces one must be a van accessible space.  Yes  No  
If not, please explain: \_\_\_\_\_
- g. If a car is parked in the accessible space, is the sign visible? (sign on pole or wall mounted at least 60" above the parking surface)  Yes  No
- h. Is/are the space/s and access aisle/s level with no slope over 1:50 (2%) in any direction? (Flat)  Yes  No

Reference\*

UFAS Table 4.1.1 &  
Figure 9  
ADAAG/TAS

Table 208.2 & Figure 502.2 and 502.3

Total Parking in Lot	Required Minimum Number of Accessible Spaces
1 to 25	1
26 to 50	2
51 to 75	3
76 to 100	4
101 to 150	5
151 to 200	6
201 to 300	7
301 to 400	8
401 to 500	9
501 to 1000	2 percent of total
1001 and over	20 plus 1 for each 100 over 1000

Table 4.1.1

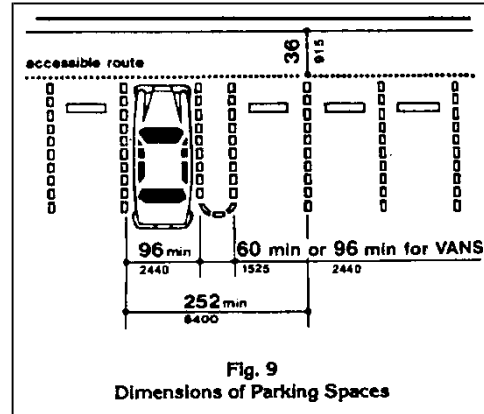


Figure 9, 4.6, 502.2

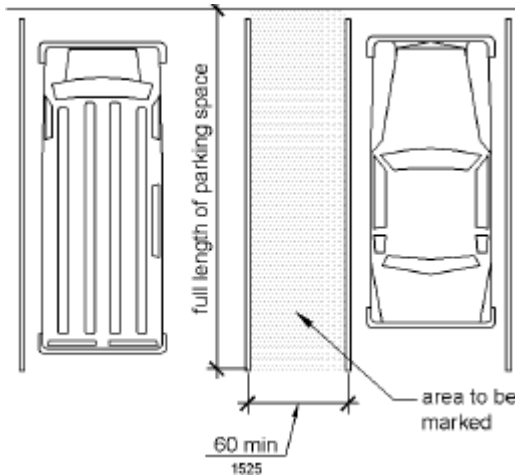


Figure 502.3

UFAS 4.5 2.) Is there a continuous, smooth, level, hard-surfaced pathway at least 36" ADAAG/TAS 206 & Chap. 4 wide, with no level changes greater than 1/2" from accessible parking to the and entrance?  Yes  No

UFAS 4.8 ADAAG/TAS 405 3.) If there are changes in level, are ramps provided?  Yes  No  
 a. What is total change in height (inches)? (more than 1/4") \_\_\_\_\_  
 b. What is the ramp length (feet)? (1' in length for each inch rise) \_\_\_\_\_  
 c. Are handrails provided? (required if more than 6" rise)  Yes  No

UFAS 4.13.6 305, 404 renovated.) 4.) Maneuvering Clearance at Door (Doors are part of the Accessible route and must be brought into compliance if an area of primary function is renovated.)  
 a. What are the dimensions of the level maneuvering area at front entrance door? (4' X5' min) \_\_\_\_\_  
 b. Does the door swing in or out? \_\_\_\_\_  
 c. Indicate approach direction and dimensions of level maneuvering space

by drawing entry dimensions as shown in the example below.

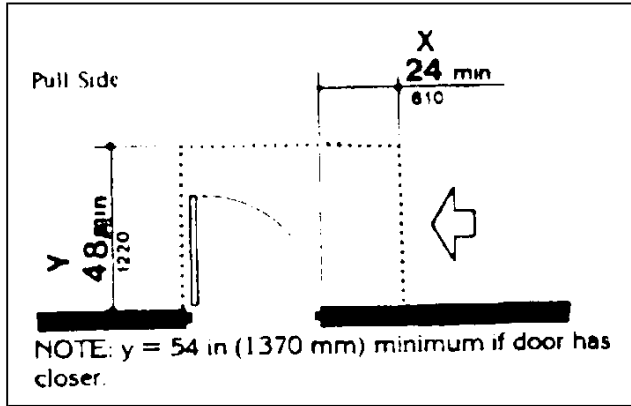


Figure 25



Entry sketch

Reference\*

UFAS 4.13.5  
ADAAG/TAS 404

5.) What is the clear width of front entrance when door is open? (32" min.)  
\_\_\_\_\_

UFAS 4.5  
ADAAG/TAS 403

6.) Is floor non-skid surface, or low-pile carpet of 1/2" or less and firmly attached?  Yes  No  
If no, please explain: \_\_\_\_\_

UFAS 4.13.5  
ADAAG/ TAS  
405

7.) All interior doors must provide clear width of 32" when open. Complete the following chart for interior doors. (List doors in building)  
a. Do all doors comply?  Yes  No

Room	Clear Width (inches)	Room	Clear Width (inches)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Add additional sheets if needed.

UFAS 4.13.9  
ADAAG/ TAS  
405

b. Do all accessible doors have handles, pulls, latches, locks, and operating devices that have a shape that is easy to grasp with one hand and does not require tight grasping, pinching or twisting of the wrist to operate? (No Knobs)  Yes  No  
If no, please explain: \_\_\_\_\_

Reference\*

UFAS 4.10  
ADAAG/TAS

8.) The building is \_\_\_\_\_ story(ies) high.  
Does the building have an elevator?  Yes  No

407

If yes, complete the following:

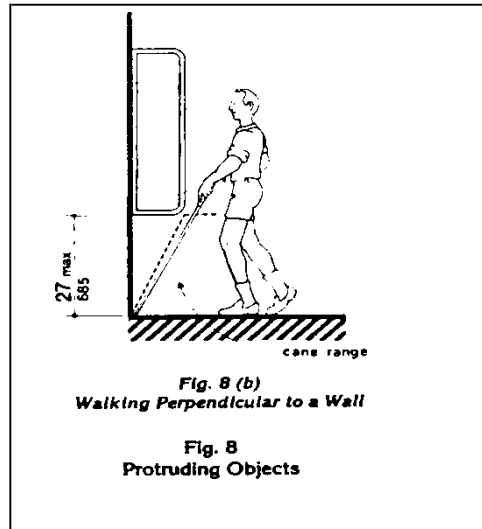
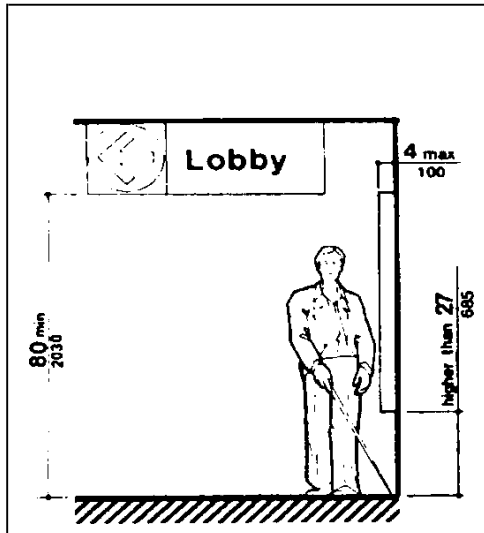
- a. What is elevator door width? (36" min) \_\_\_\_\_
- b. What are inside dimensions? (51" X 68") \_\_\_\_\_
- c. How high above floor are call buttons? (48") \_\_\_\_\_
- d. How high are highest car control buttons? (48") \_\_\_\_\_
- e. Do control buttons have raised characters or Braille? \_\_\_\_\_  
If no, please explain: \_\_\_\_\_

UFAS 4.4.1  
ADAAG/TAS  
(204, 307

- 9.) Are all wall-mounted elements (phones, fire extinguishers, signs, etc.) mounted with their leading edges at or below 27 inches?  
 Yes  No If no, please explain: \_\_\_\_\_

- a. Does the element protrude over 4 inches from the wall?  Yes  No
- b. If the element protrudes over four inches from the wall into the accessible route, is the element protected by means of curb, ground mounted object, etc.?  Yes  No If no, please explain: \_\_\_\_\_

Figure 8



10.) Restroom Facilities (If an area of primary function is renovated then the restrooms must be brought into compliance.)

- Are toilet facilities provided in rooms having multiple stalls or in individual rooms?  
 Multiple Stalls  Individual Rooms

UFAS 4.16 - If multi-stall:

- 4.23 a. What is clear width at main restroom entrance when door is open? (32" min.) \_\_\_\_\_  
ADAAG/TAS \_\_\_\_\_
- 213, Chap. 6 b. What is the clear width of the aisle to the accessible stall? (36" min.) \_\_\_\_\_

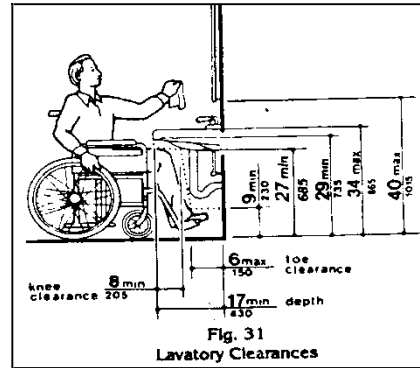
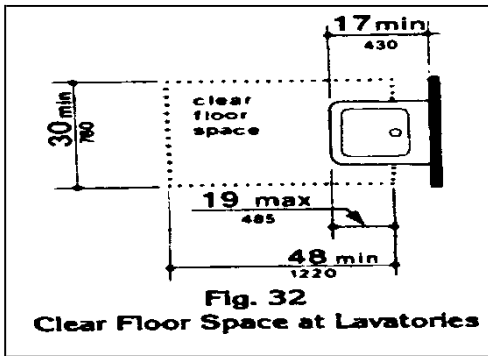
c. What are the dimensions of the accessible stall? (56" X 60" min.)

Depth \_\_\_\_\_ Width \_\_\_\_\_

d. What is the distance from the wall to the center of the toilet. (16" to 18") \_\_\_\_\_



- e. Does stall door swing in or out? \_\_\_\_\_
- f. Does accessible stall/toilet have grab bars?  Yes  No
  - 1. Length of grab bars (36" back 42" side) \_\_\_\_\_
  - 2. Location (side/back) \_\_\_\_\_
  - 3. Mounting height above floor (33" to 36") \_\_\_\_\_
- g. What is toilet seat height from floor? (17" to 19") \_\_\_\_\_
- h. Is the flush valve on the open side of the toilet? \_\_\_\_\_
- i. What is lavatory rim height from floor? (34" max) \_\_\_\_\_
  
- j. Do clearances comply with Fig. 31 & Fig. 32 (below)?  Yes  No



- k. Is there clear floor space of 30" x 48" minimum? (Fig. 31)  Yes  No
- l. Are hot water and drain pipes below sink insulated or otherwise covered?  
 Yes  No
- m. What are heights of top and bottom edges of accessible mirror from floor?  
Bottom edge (40" max.) \_\_\_\_\_ Top edge (74" min.) \_\_\_\_\_
- n. Are all dispensers easy to reach and no more than 48" from floor to bottom of dispenser?  Yes  No

If individual toilet rooms are provided, indicate configuration below:

- 1. Room dimensions (Must have 5' diameter turning area) \_\_\_\_\_
- 2. Does the door swing into the clear floor space of any fixture?  Yes  No
- 3. Fixture heights and location
  - a. What is toilet seat height from floor? (17" to 19") \_\_\_\_\_
  - b. What is the distance from the wall to the center of the toilet. (16" to 18") \_\_\_\_\_
  - c. What is lavatory rim height from floor? (34" max.) \_\_\_\_\_
  - d. Does accessible toilet have grab bars?  Yes  No
    - 1. Length of grab bars (36" back 42" side) \_\_\_\_\_
    - 2. Location (side/back) \_\_\_\_\_
    - 3. Mounting height above floor (33" to 36") \_\_\_\_\_
- e. Is there a clear space of 5 feet from the wall to the nearest fixture adjacent to the toilet (sink or urinal) and is flush valve on wide side of toilet?  Yes  No
- f. Do clearances comply with Fig. 31 & Fig. 32 (above)?  Yes  No
- g. Is there clear floor space of 48" x 30" minimum? (Fig. 31)  Yes  No
- h. Are hot water and drain pipes below sink insulated or otherwise covered?

Yes No

i. What are heights of top and bottom edges of accessible mirror from floor?

j. Bottom edge (40 in. max) \_\_\_\_\_ Top edge (74 in. min.) \_\_\_\_\_

k. Are all dispensers easy to reach and no more than 48" from floor to bottom dispenser? Yes No

Reference\*

UFAS 4.15 11.) Is at least one water fountain accessible; no more than 36" in height measured ADAAG/TAS from the floor or ground surface to the spout with a 30" x 48" clear floor space in 211, 602 front of the water fountain? (If an area of primary function is being renovated then the water fountains must be made compliant.) Yes No

If no, please explain:

UFAS 4.31.3 12.) Is at least one phone accessible to the mobility impaired (no more than 48" ADAAG/TAS from the floor)? Yes No

217, 704 If no, please explain: \_\_\_\_\_

UFAS 4.31.9 13.) Do you have a Telecommunications Device for the Deaf (TDD)?

ADAAG/TAS Yes No

217, 704 If no, please explain how service is provided to individuals with hearing impairments? \_\_\_\_\_

UFAS 4.28.2, 14.) Are emergency warning signals both audible and visual?

4.28.3 Yes No

ADAAG /TAS If no, please explain: \_\_\_\_\_

205, 702

15.) Is program information that is available in print, available on audio tape or in an alternative method? Yes No

If no, please explain:

16.) Are all public meetings accessible (with sign language interpreters) and in accessible locations? Yes No

If no, please explain:

\*Reference number is from Uniform Federal Accessibility Standards, Americans with Disabilities Act Accessibility Guidelines, and Texas Accessibility Standards.

In the case that non-compliant elements are found and structural changes are needed, develop a transitional plan setting forth the steps necessary to complete such changes or alterations. The transitional plan shall contain, at a minimum, identification of physical barriers that limit accessibility; description of methods to make facilities accessible; time schedule for taking each necessary step; costs of changes; and name of person responsible for implementation of plan. Please attach this information to the self-evaluation.

Please be advised that you may have further obligations under the

Americans with Disabilities Act.

For questions or further information regarding these forms, please contact:

Accessibility & ADA Coordinator  
Sun Metro Mass Transit Department  
5081 Fred Wilson  
El Paso, Texas 79906  
212-3005

**Please return Guidelines/Self-Evaluations and Transitional Plan along with the proposal application**