



Community and Human Development

Americans with Disabilities Act (ADA)
Community and Human Development Funded Programs
Letter of Assurance

Grant Program Name:
Organization Name:
Organization Address:
Contact Person:
Title:
Phone:
Email:

Assurance of ADA Compliance

The undersigned organization acknowledges that it is receiving federal financial assistance through the City of El Paso and agrees to comply with applicable federal disability nondiscrimination laws, including but not limited to:

- Section 504 of the Rehabilitation Act of 1973
- 24 CFR Part 8 – Nondiscrimination Based on Handicap in Federally Assisted Programs and Activities
- The Americans with Disabilities Act (ADA)
- City of El Paso Accessibility Ordinance 9779
- Any other applicable federal, state, or local accessibility and nondiscrimination laws.

The applicant certifies that:

No qualified individual with a disability shall be excluded from participation in, denied the benefits of, or otherwise subjected to discrimination under any program, service, or activity receiving federal financial assistance.

The applicant will make reasonable modifications to policies, practices, or procedures when necessary to provide access to individuals with disabilities, unless doing so would fundamentally alter the nature of the program.

The applicant will conduct and maintain documentation of a self-evaluation of its policies, practices, and programs, consistent with the requirements of 24 CFR §8.51.



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For infrastructure projects, the applicant will ensure that all planning, design, construction, and alteration of physical structures, facilities, and public rights-of-way strictly comply with applicable federal, state, and local accessibility standards.

The applicant will take reasonable corrective action to address any accessibility barriers or discriminatory practices identified through its self-evaluation.

The City of El Paso does not certify, inspect, or guarantee compliance with ADA or Section 504 standards for applicants. Applicants remain responsible for ensuring compliance with applicable accessibility laws and regulations.

By signing below, the undersigned certifies that they are authorized to execute this assurance on behalf of the organization and that the organization agrees to comply with the requirements described above.

Authorized Official Name:

Title:

Signature:

Date: