

SECTION 504 SELF – EVALUATION INFORMATION

24 CFR PART 8

INTRODUCTION

The following is a checklist of general requirements that recipients should consider in their self-evaluation efforts under Section 504 of the Rehabilitation Act of 1973, as amended. It should be used in conjunction with the United States Department of Housing and Urban Development (HUD)'s regulations at 24 CFR Part 8.

This checklist is designed to serve as a working guidance tool to help recipients focus on key issues that could affect the accessibility of their programs and practices. In developing answers to the questions, a recipient will be preparing most of the information that Section 504 requires. Use of the checklist should also assist a recipient in pinpointing areas where action is likely to be required to achieve compliance with Section 504. It should be emphasized, however, that this checklist is for reference purposes, and is not intended as a substitute for individual judgment or analysis of the pertinent regulations issued pursuant to Section 504. Any information in this checklist cannot be used as a sole basis for determining compliance with Section 504.

The government wide regulations do not prescribe a specific form. This self-evaluation was compiled from material by the Thompson Publishing Group *Section 504 Compliance Handbook*, the Department of Justice Civil Rights Division Technical Assistance Guide (TAG), report on *Section 504 Self-Evaluation* of U.S Department of Housing and Urban Development conducted programs and activities, and other HUD Region IV state checklists.

REQUIREMENTS:

CDBG-I Grant Contract:

Per the CDBG-I Grant Contract, recipients must comply with the provision of Section 504 of the Rehabilitation Act of 1973, as amended, and HUD implementing regulations at 24 C.F.R., Parts 8 and 9. Recipients must complete the Section 504 Survey and adopt a Grievance Procedure, as well as complete a Transition Plan, if applicable.

The Grant contract requires recipients to complete the Section 504 Survey and Transition Plan (if applicable), covering policies, practices, and physical accessibility and notifying affected people that it does not discriminate on the basis of the handicap. Compliance with the plan must be documented, including the information made public and the means used to make it public.

24 CFR 8.51:

- (a) Each recipient shall, within one year of July 11, 1988, and after consultation with interested people, including individuals with handicaps or organizations representing individuals with handicaps:
 - (1) Evaluate its current policies and practices to determine whether, in whole or in part, they do not or may not meet the requirements of this part;
 - (2) Modify any policies and practices that do not meet the requirements of this part; and

- (3) Take appropriate corrective steps to remedy the discrimination revealed by the self-evaluation.
- (b) A recipient that employs fifteen or more persons shall, for at least three years following completion of the evaluation required under paragraph (a)(1) of this section, maintain on file, make available for public inspection, and provide to the responsible civil rights official, upon request:
 - (1) a list of the interested persons consulted;
 - (2) a description of areas examined and any problems identified; and
 - (3) a description of any modifications made and of any remedial steps taken.

ADDITIONAL INFORMATION

HUD Portal on Section 504 can be found here:

http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/disabilities/sect504faq

INSTRUCTIONS

COMPLETING THE EVALUATION

The questions in the evaluation are a guide to ensure Section 504 compliance. Answer each question with Yes, No, N/A, a description, list, or explanation. If a question does not apply to your local government, then write “N/A” next to the question and explain.

Some questions require identification of modification to policies and practices will be undertaken or what corrective action will be taken to remedy any discrimination found. In some cases, questions will require that additional information be supplied to complete the evaluation process.

Please be sure to attach the local government grievance procedure and current nondiscrimination policy (e.g. excerpts from Human Resources personnel policies).

The survey itself does not need to be adopted, but the grievance procedure and nondiscrimination policy do.

SUBMITTING DOCUMENTS TO THE STATE

It is recommended not to have the survey as grant number or program specific so it can be used for multiple grants for the local government. If a survey is indicated as grant number or program specific, it is only applicable for that specific grant.

Should a local government have multiple grants, one (1) hardcopy of the survey needs to be submitted to Division of Water Infrastructure (DWI) for *each* grant file. It is recommended to reevaluate the survey every few years (such as 3 three years).

TECHNICAL ASSISTANCE

There is no prior approval of the completed survey by Compliance Specialist. Should the local government need technical assistance it is recommended to email Colleen Simmons at

colleen.simmons@ncdenr.gov or 704-235-2202 with questions or contact your Grant Representative.

SECTION 504 SELF - EVALUATION FORM
24 CFR PART 8

I. RECIPIENT INFORMATION	
CDBG-I Recipient/Grantee Name:	TOWN OF ENFIELD
CDBG-I Recipient/Grantee Mailing Address:	PO BOX 699 ENFIELD, NC 27823
CDBG-I Recipient/Grantee Physical Address (if different from mailing):	121 SE RAILROAD STREET ENFIELD, NC 27823
Name of Local Government Staff Person Responsible for Self-Evaluation and Coordinating Section 504 Compliance:	PATRICIA WHITAKER
Title:	FINANCE OFFICER
Department:	ADMINISTRATION
Email:	PWHITAKER@ENFIELDNC.ORG
Phone Number:	252-445-3146
Date Survey/Evaluation Completed:	DECEMBER 16, 2024

II. PROGRAM POLICY

This section evaluates the program local government policies and their effect on individuals with disabilities. Please respond to the following questions with either a Yes, No, N/A, a description, list, or explanation when appropriate. If a question does not apply to your local government, then write "N/A" next to the question and explain.

1. Describe briefly the local government programs and services, including their purpose, scope, activities, and participants

Administration – Finance Officer, Town Clerk, Customer Service Representatives, Police Department, Public Works, Water/Sewer (Refuse Collection, etc.), Electric Department, Public Library, Fire Department, Parks & Recreation Department, Planning & Zoning

2. How does your agency incorporate provisions to ensure equal opportunity for individuals with disabilities into its policy and program initiatives?

(e.g., Guidelines highlight equal opportunity for persons with disabilities under important information, review criteria, and/or Equal Opportunity issues are discussed with policy and/or service groups; Office undertakes specific effort to enhance equal opportunity for people with disabilities, by: Equal Opportunity for people with disabilities is a consideration when the office conducts special initiatives such as research, studies, symposia and/or future planning efforts.)

☒ Yes ☐ No (explain below) ☐ N/A (explain below)

Public notices, posters, periodic public service announcements (radio, etc.), newspaper ads, ADA Grievance Procedure adoption, Section 504 Self-evaluation, Town Website, Equal opportunity made part of advertisements for contracts, employment and service opportunities.

3. **Does your agency provide opportunities when developing or amending its policies for qualified people with disabilities to participate as?** Check applicable responses and explain efforts.

- ☒ Staff - Specify efforts: Employment ads are disability friendly in that they reference the Town's involvement with Section 504 requirements.
- ☒ Consultants/Panelists - Specify efforts: Employment ads are disability friendly in that they reference the Town's involvement with Section 504 requirements.
- ☒ Other - Specify efforts: Administrative and Public Works facilities, Town Parks & Recreation Facilities, along with other public facilities, generally, are ADA friendly.

4. **How does your agency support any needed accommodations for visitors, staff, or other meeting participants who may have disabilities?** (e.g., *certified sign language or oral interpreter, a reader or taping printed material*). Check applicable responses and explain if "other" is selected.

- ☒ Funds are set aside in the agency's administration budget for use by all offices?
- ☐ Access accommodation as line-item in the office's budget?
- ☐ Other (Specify): Click or tap here to enter text.

5. **Is your agency able to modify its programs/activities, if necessary, to provide reasonable accommodations to individuals (staff or the public) with disabilities?**

- ☒ Yes: The majority, if not all, of the Municipality controlled facilities, where required, are reasonably ADA accessible.
- ☐ No – Explain: Click or tap here to enter text.

6. **Is agency staff aware that programs/activities may have to be modified in order to accommodate individuals with disabilities?**

- ☐ Yes: Human Resource Policy adopted by Mayor and Town Board July 6, 2012.
- ☐ No – Explain: Click or tap here to enter text.

7. **Does your agency notify individuals with disabilities that they may request reasonable accommodations, including modification of office policies? If so, please identify how such notification is provided, and to whom (public or staff)?**

- ☒ Yes: Public Hearing Notices state that Town and Town Board will accommodate by providing accessibility to persons who may be disabled or handicapped. Municipal business area sidewalks are ADA compliant with curb cuts. Town staff has been instructed, at least informally, to help individuals with disabilities when they come across them while involved in Town business.

☐ No – Explain: Click or tap here to enter text.

8. Are there any instances where your agency has been unable to modify a policy because such modification would either fundamentally alter the nature of the program, or result in an undue financial or administrative burden?

☐ Yes - Explain: Click or tap here to enter text.

☒ No – Explain: No such instances have arisen.

9. Is access for people with disabilities a consideration when your agency undertakes special policy related efforts?

☒ Yes: Public assembly locations in town as well as Parks & Recreation facilities.

☐ No – Explain: Click or tap here to enter text.

10. Do you have staff members who serve on an emergency evacuation committee to assist visitors and staff with disabilities?

☐ Yes: Click or tap here to enter text.

☒ No – Explain: No such committee exists – Municipal Police, Fire, Halifax County EMS provide for this service along with the Planning & Zoning/Fire Chief

11. Do staff members receive training in emergency evacuation?

☐ Yes: Click or tap here to enter text.

☒ No – Explain: As stated in #9 above.

12. Please complete the chart below, using the following instructions (add more rows to the below table as needed):

- **Identify all of the policies and practices from your completed program policy section that do not or may not meet the requirements of Section 504, and may create barriers for individuals for individuals with disabilities.**
- **List all proposed actions or actions that have been or will be taken by your Agency to modify your policies/practices to ensure compliance with Section 504.**
- **Has the proposed action/action been identified as a financial and administrative burden? If so, how the conclusions were reached and list any alternative actions that may be taken that do not constitute a financial and administrative burden.**
- **List target dates for which action may be taken by your Agency to modify your policies/practices.**

Barrier Identified	Proposed Actions/Modification to Remove Barrier	Could the action result in an undue financial/admin. burden or alter the nature of the Program/Activity (if yes, please identify how the conclusion was reached and list any alternative actions)	Target date of action
Sidewalks	Additionally, as needed, curb cuts downtown business area	No	Ongoing
Municipal infrastructure facilities	To the extent feasible and required, ADA Compliance structure put in place	No	Ongoing
Community Parks and Improvements	ADA Compliant	Funded by Municipal Funds and State Match	Ongoing

III. PROGRAM ACCESS

This section evaluates the program local government access for individuals with disabilities. Please respond to the following questions with either a Yes, No, N/A, a description, list, or explanation when appropriate. If a question does not apply to your local government, then write “N/A” next to the question and explain.

1. Describe the analysis of all programs and activities and all aid, benefits and services to determine the degree to which they are accessible to qualified handicapped persons:

The Town’s recreation facilities have enjoyed Kate B. Reynolds and NC Parks and Recreation Funding requiring ADA compliance as does CDBG and NC DEQ Grant Funding to the extent that it is other than water and sewer lines.

2. Describe methods that have been used to involve handicapped persons (or organizations representing handicapped persons) in the development of activities designed to achieve program accessibility:

The Town’s Parks and Recreation Advisory Committee had a handicapped person (wheelchair confined) on its Board from its inception, which person served as Chairperson.

3. Are there boards, councils or similar bodies on which program participants sit?

☒ Yes - List steps to ensure equal opportunities for selection to, and participation in, such boards by persons with disabilities: Recreation Advisory Committee, Town Officials and employees are not cognizant of there being any residents/visitors to the town requiring ADA assistance.

☐ No – Please explain: Click or tap here to enter text.

4. Does the local government notify participants, applicants, beneficiaries, employees, unions of professional organizations, and the general public (posted notices, newspaper

ads, office memoranda, etc.) that the grantee does not discriminate on the basis of disability in its federally assisted programs and activities?

- ☒ Yes - Briefly describe the methods used to notify the public about non-discrimination policies: Signage Posters – Legal notices for public hearings, Federal and state funded projects, Town website
- ☐ No- Modification or corrective action: Click or tap here to enter text.

IV. PUBLIC OUTREACH

This section evaluates the local government's public outreach for individuals with disabilities. Please respond to the following questions with either a Yes, No, N/A, a description, list, or explanation when appropriate. If a question does not apply to your local government, then write "N/A" next to the question and explain.

COMMUNICATION AND NOTIFICATION

1. Does the recipient engage in any meetings or oral presentations, printed materials, advertisements, or other methods to recruit program participants, or otherwise inform persons or the program's existence?

- ☒ Yes- Describe briefly the activities involved and the materials used.
Posters, employment advertisements, legal ads, Town Website, public bid advertisements
- ☐ No – Explain Click or tap here to enter text.

2. Has the local government taken appropriate steps to ensure effective communication with applicants, program participants, and members of the public by providing auxiliary aids where necessary so that individuals with speech, vision, or hearing impairments can have the opportunity to participate in, and enjoy the benefits of local government programs and activities?

- ☒ Yes- Proceed to Question 3
- ☐ No- Modification or corrective action: Click or tap here to enter text.

3. Describe approaches and special procedures adopted to ensure effective communications with project beneficiaries and/or members of the general public with disabilities, especially those vision, speech, and hearing impairments *(Methods include, but are not limited to: provision of auxiliary aids or presentation of materials in alternative formats, qualified sign language and oral interpreters, readers, or the use of taped, large print, closed-captioned video, and Braille materials.)*

iSpeak Cards at Town Hall, use of the Town Library and Parks and Recreation facilities, where feasible and possible

- 4. Describe how the local government advertises to the public availability of auxiliary aids and services for effective communication to participate in the local government programs and services.**

Signage, posters, legal notices, municipal employees assisting/aiding those known to have disabilities, dissemination of information in Public Library, Upper Coastal Plain Workforce Development

- 5. Describe how the local government will ensure that meetings, hearings, and conferences will be accessible for individuals with communication disabilities.**

Public notices provide in part "Anyone requiring special assistance should contact Town Clerk ahead of scheduled meeting".

- 6. Describe how an individual with a disability may request assistance and express their preference for auxiliary aids and services from the local government.**

In person, by agent, by writing, telephone, email, etc.

- 7. Describe how the local government will provide auxiliary aids or services on request.**

Varies depending upon what is requested, circumstances, and nature of request.

- 8. List steps to ensure inclusion or a notice of the recipient's compliance with Section 504 in all materials and advertisements.**

The Town, in all of its Public Hearing notices, requests for quotations, requests for proposals, and CDBG-I related contracts, states that the funding for this grant is from the Federal Government under the Community Development Block Grant Program, and that those benefiting financially or materially and any other way, are to act in accordance and subject to Section 504.

- 9. Has the local government installed a reader, developed Braille materials, audio recordings or other similar services and devices for persons with impaired vision?**

☐ Yes

☒ No - Modification or corrective action: Will discuss at future budget sessions on a case-by-case basis.

- 10. Does the recipient provide services or information to the general public over the telephone?**

☒ Yes- There is a teletypewriter (TTY - also referred to as a Telecommunication Device for the Deaf - TDD) or other equally effective system available so that public entities can communicate with individuals with hearing or speech impairments?

- ☐ NO- List steps to ensure effective communications with individuals with hearing or speech impairments. *This can include providing a TTY or relying on a third-party relay service. The Justice Department encourages public entities that have extensive phone contact with the public to have TTYs to assure more immediate access.*

Click or tap here to enter text.

11. What is the TTY/TDD number listed in directories and disseminated information?

1-800-735-2962

12. Is signage concerning the location of TTY-equipped pay phones or portable TTYs available?

☒ Yes ☐ No - Modification or corrective action: Click or tap here to enter text.

13. Are all 911 emergency response centers equipped with TTYs or other equally effective technology to make the service accessible to individuals with hearing or speech impairments? Separate, seven-digit phone numbers and/or reliance on a third-party relay service is not an acceptable alternative for making 911 services accessible.

☒ Yes (Interlocal arrangement for reverse 911 and texting Halifax County)
☐ No- Modification or corrective action: Click or tap here to enter text.

14. Is signage at inaccessible entrances directing people with disabilities to an accessible entrance or a location with information about an accessible entrance?

☒ Yes ☐ No- Modification or corrective action: Click or tap here to enter text.

15. What steps, if any, have been taken to ensure that all of the programs' web site(s) are accessible?

N/A

16. List all local government activities where a sign language and/or oral interpreter, readers, and assistive listening devices might be needed to ensure that persons with hearing and visual impairments can fully participate in the program or activity (e.g. securing services in expeditious manner, department responsible for ensuring such services, policy source and date, date policy distributed to staff).

No known history of past need. Will discuss at budget time should the need arise,

INFORMATION DISSEMINATION

1. Can copies of written materials be reasonably obtained by individuals with disabilities?

☒ Yes ☐ No

2. Have disability groups been included in the dissemination process?

☐ Yes ☐ No None known to exist at the present time (December 16, 2024)

3. Does the local government use all available print and broadcast media to ensure that all individuals with disabilities receive appropriate notification?

☒ Yes ☐ No

4. Does the local government disseminate information to all agencies or organizations that deal with persons with disabilities in the local government service jurisdiction?

☒ Yes ☐ No

5. Does all of the information disseminated by the local government include current non-discrimination policies?

☒ Yes ☐ No

If there are NOs to any of the above questions (#1-5), you must provide a modification or corrective action below:

Click or tap here to enter text.

PRINTED MATERIALS

1. Are written materials including posters with non-discrimination notices placed in physically accessible locations?

☒ Yes ☐ No

2. Can small print of posted announcements be read from a wheelchair?

☒ Yes ☐ No

3. Are all words in printed materials clearly legible?

☒ Yes ☐ No

4. Would color blind individuals be able to distinguish all contents in printed materials?

☐ Yes ☒ No

5. Are representations of disabled individuals free of patronizing stereotypes?

☒ Yes ☐ No

6. Do graphics in printed material permit easy reading of the contents?

☒ Yes ☐ No

7. Is all necessary program information included in printed material?

☒ Yes ☐ No

8. Are procedures for providing program access to disabled individuals stated clearly?

☒ Yes ☐ No

9. Do all appropriate local government documents include policy statements about non-discrimination on the basis of disabilities?

☒ Yes ☐ No

10. Are the Section 504 contact person's name, address, and phone number listed in printed material?

☒ Yes ☐ No

If there are NOs to any of the above questions (#1-10), you must provide a modification or corrective action below:

Town will contact State Agency handling such issues if the need arises.

V. PROGRAM ELIGIBILITY/ADMISSION CRITERIA

This section evaluates the local government's program eligibility and admission criteria for individuals with disabilities. Please respond to the following questions with either a Yes, No, N/A, a description, list, or explanation when appropriate. If a question does not apply to your local government, then write "N/A" next to the question and explain.

1. Are there any limitations on the number of qualified persons with disabilities who may participate in or be admitted to the program?

☐ Yes - List steps to be taken to eliminate the limitations. Click or tap here to enter text.

☒ No

2. Has the local government examined all policies pertaining to program eligibility and admission criteria to determine if they had the purpose or effect of excluding or limiting

the participation of individuals with disabilities in local government's programs and activities?

☒ Yes ☐ No- Modification or corrective action: Click or tap here to enter text.

- 3. Has the local government, in examining its policies on program eligibility and admission criteria, paid particular attention to those incorporating or establishing: (1) physical or mental fitness or performance requirements; (2) safety standards; (3) testing requirements; (4) educational requirements; (5) work experience requirements; (6) income level requirements (7) credit rating requirements; (8) requirements based on disability; (9) requirements that prohibit participation because of disability; and (10) insurability requirements?**

☒ Yes ☐ No- Modification or corrective action: Click or tap here to enter text.

- 4. Has the local government altered or eliminated policies that have the direct or indirect effect of excluding or limiting the participation of individuals with disabilities in local government's programs and activities?**

☐ Yes - List any policies that have been altered or eliminated. Click or tap here to enter text.

☐ No - Modification or corrective action: Click or tap here to enter text.

☒ N/A - Explain (e.g. no such policies found in review), then proceed to Question 6. No such policies found in the review.

- 5. Has the local government communicated the policy changes to staff members and the public?**

☐ Yes ☐ No- Modification or corrective action: Click or tap here to enter text.

- 6. Are any criteria or tests used in the admission process?**

☐ Yes – Proceed to Question 7 ☒ No - Proceed to Question 8

- 7. List all criteria (e.g., good health, residency requirements, letters of recommendation) and tests (including the skill, level of achievement, or other factors being tested, whether they are written or oral tests and the method of administration) used in the admissions process, that have or could have a disproportionately adverse impact on program applicants with disabilities. Discuss briefly the potential negative impact for each and indicate how they relate to the program. Discuss alternative criteria or tests that will be used to ensure nondiscrimination. The use of a criterion or test may have to be suspended as long as this does not result in an undue hardship or fundamental alteration to the program.**

Click or tap here to enter text.

- 8. List steps to be taken to make potential program participants, including those with hearing and vision impairments and learning disabilities, aware of alternative testing/criteria and interview processes.**

Will advise on a case-by-case basis and provide assistance to the extent possible.

- 9. List steps to provide admission forms in alternative formats.**

See #8 above.

- 10. List steps to ensure that applicants are not asked pre-admission inquiries as to the nature and extent of a disability, and that no forms or other written materials make mandatory inquiries related to disability.**

See attached Town of Enfield Employment Application.

VI. PROGRAM PARTICIPATION

This section evaluates the local government's program participation for individuals with disabilities. Please respond to the following questions with either a Yes, No, N/A, a description, list, or explanation when appropriate. If a question does not apply to your local government, then write "N/A" next to the question and explain.

- 1. Are post-admission inquiries made regarding disability status to make accommodations for persons with disabilities?**

- ☐ Yes - List steps to ensure that information is gathered voluntarily, not used to adversely affect any person with a disability and kept confidential. [Click or tap here to enter text.](#)
☒ No

- 2. Is there an orientation for new participants?**

- ☐ Yes - Describe briefly the orientation and materials used, and list steps to ensure effective communications and usable materials in alternative formats for all participants. [Click or tap here to enter text.](#)
☒ No

- 3. Review all written materials, tools, equipment or other aids or devices used for the program. Do any need modification?**

- ☐ Yes - List steps such as the provision of auxiliary aids and equipment modification to ensure that program materials and equipment are accessible and usable. [Click or tap here to enter text.](#)
☒ No

4. Would any steps pose an undue financial or administrative burden?

- ☐ Yes- List alternative methods of providing accessibility that would not impose an undue financial or administrative burden. Click or tap here to enter text.
- ☒ No

5. Are any of the following services or benefits provided to program participants? (Check all that apply. If none provided, proceed to Question 6.)

- | | |
|---|--|
| <input type="checkbox"/> Transportation services | <input type="checkbox"/> Employment services |
| <input type="checkbox"/> Health services and insurance/benefits | <input type="checkbox"/> Food services |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Financial aid |
| <input type="checkbox"/> Counseling services | <input type="checkbox"/> Social, recreational or athletic activities |

6. List steps to ensure that information concerning program schedules and activities are effectively communicated to all program participants, including those with impaired vision, speech, and hearing.

- **List steps to ensure that:**
 - **The service/benefit is equally effective for and usable by persons with disabilities.**
 - **The administration of the service/benefit will be free from discrimination based on disability.**
 - **Communications will reach all persons, including those with hearing and sight impairments.**
 - **Effective application procedures to receive the services exist for persons with disabilities, including those with hearing and vision impairments**

Addressed on a case-by-case basis depending upon the impairment and nature & extent of same.

VII. EMPLOYMENT POLICY AND PRACTICE

This section evaluates the local government's employment policy and practices to ensure equal opportunity employment for persons with disabilities. Please respond to the following questions with either a Yes, No, N/A, a description, list, or explanation when appropriate. If a question does not apply to your local government, then write "N/A" next to the question and explain.

GENERAL

1. Describe and discuss safeguards that have been used to ensure that all employment decisions are made without discrimination on the basis of handicap, and that such decisions do not limit, segregate or classify applicants or employees based on handicap in a way that adversely affects their opportunities or status.

Town personnel policy and employment application.

2. Describe procedures that have been established to make certain that there are no formal relationships regarding employment (e.g. those with labor unions, employment agencies, and so forth) that have the effect of discriminating against qualified persons with disabilities.

None

3. Does the local government have 15 or more employees (full or part-time)?

☒ Yes ☐ No

4. Do the local government's hiring and promotion practices prohibit discrimination against otherwise qualified handicapped individuals (not a separate policy)?

☒ Yes- Proceed to Question 5.

☐ No - Modification or corrective action: Click or tap here to enter text.

5. Analyze the following aspects of employment and describe any alterations to make certain that no discrimination based on disability exists, including discrimination that occurs due to an inaccessible facility:

- Recruiting and advertising.
- Processing applications.
- Interviewing and orientation.
- Hiring, upgrading, promotion, award of tenure, demotion, transfer, layoff, termination, right of return from layoff and rehiring.
- Rates of pay or any other form of compensation and changes in compensation.
- Job assignments, job classifications, organizational structures, position descriptions, lines of progression and seniority lists.
- Leaves of absence, sick leave or any other leave.
- Fringe benefits (opportunities for and financial support of training opportunities, conferences, health and insurance benefits) available by virtue of employment, regardless of whether they are administered by the recipient.
- Selection and financial support for training, including apprenticeship, professional meetings, conferences and other related activities, and selection for leaves of absence to pursue training.
- Employer-sponsored activities, including social and recreational programs.
- Any other term, condition or privilege of employment.

To the extent applicable, the Employment Application referred to in VII. A.1. above, State Statutes, and Town Ordinances regulate the VII. A.5 bullets above.

EMPLOYMENT CRITERIA

1. Does the local government administer tests which accurately reflect the applicant's or employee's job skills or aptitude rather than the applicant's or employee's impaired

sensory, manual, or speaking skills (except where those skills are the factors that the test is designed to measure)?

- ☐ Yes - Please answer Question 2.
- ☐ No - Modification or corrective action: Click or tap here to enter text.
- ☒ N/A - Explain (e.g. no such test/criteria used), then proceed to Next Section: *Pre-Employment Inquiries*. Paragraph 7 of the employment application references that Enfield is a Drug Free workplace, hence, those offered employment might be required to complete pre-employment physical and drug testing.

- 2. What employment tests or criteria are used for judging potential employees and describe procedures to ensure that these criteria or tests do not discriminate against persons with disabilities, unless they are shown to be consistent with job necessity?**

Click or tap here to enter text.

- 3. If the local government uses an employment test or other criteria for selection that screens out or tends to screen out individuals with disabilities, can the local government show that the test score or other selection criteria is job related?**

- ☐ Yes - Please answer Question 4.
- ☐ No - Modification or corrective action: Click or tap here to enter text.
- ☐ N/A - Explain (e.g. no such test/criteria used), then proceed to Next Section: *Pre-Employment Inquiries*. Click or tap here to enter text.

- 4. Describe methods to identify the job-related characteristics of tests and criteria used in employment decisions, since job-related tests are permitted even if they screen out persons with disabilities.**

Click or tap here to enter text.

PRE-EMPLOYMENT INQUIRIES

- 1. Describe steps to ensure that no pre-employment inquiries are made as to whether an applicant is a person with a disability or as to the nature or severity of a disability. Is the local government aware that it cannot make a pre-employment inquiry or conduct a medical examination of an applicant to determine whether the individual is a person with disability unless the local government is undertaking affirmative action efforts or conditioning an offer of employment on the results of a medical examination given to all prospective employees in the same job category?**

- ☒ Yes - Proceed to Question 2.
- ☐ No - Modification or corrective action: Click or tap here to enter text.

- 2. Does your organization conduct or require any medical examinations after making conditional offers of employment? Has the local government informed job applicants that an employment offer may be conditioned on the results of a medical examination if all entering employees in a job category must take an examination regardless of disability, and the examination accurately reflects the employee's job skills?**

☒ Yes - Proceed to Question 3.

☐ No - Modification or corrective action: Click or tap here to enter text.

- 3. Has the information obtained by the local government concerning the medical condition or history of job applicants been collected and maintained on separate forms and accorded confidentially as medical records?**

☐ Yes - Describe procedures to ensure that (a) all entering employees in that position are subject to medical exams, (b) all offers of employment are conditional based on the results of the exams, (c) the medical results gathered are not used in a discriminatory manner, and (d) all information gathered is kept confidential.

Click or tap here to enter text.

☒ No - Modification or corrective action: All job application information is treated as confidential – both medical and non-medical.

- 4. Review job application forms and interview questions to ensure that applicants are not asked about the existence of or nature or severity of a disability. Inquiries about the candidate's ability to perform job functions are permitted. Ensure that applicants are not asked about their relationship or association with an individual with a disability. List any job forms and questions that were amended.**

N/A

- 5. Review existing job descriptions for each job position in your organization. Determine the essential and marginal functions of job positions in the organization and identify what job accommodations can be made, when necessary, for an applicant or employee. List any job descriptions that were amended.**

Review of job descriptions to be conducted for compliance on an on-going basis.

- 6. Describe any training or other measures taken to ensure that employees and supervisors do not subject individuals with disabilities to discrimination because of insensitivity or lack of knowledge.**

Click or tap here to enter text.

- 7. When the local government is undertaking affirmative action efforts, voluntary or otherwise, and inviting applicants for employment to indicate whether and to what extent they are disabled, does the local government meet the following conditions:**

- a. State clearly either orally or in writing that the requested information is intended for the local government's affirmative action efforts? ☒ Yes ☐ No
- b. State clearly that the information is being requested on a voluntary basis, that it will be kept confidential and that refusal to give the information will not subject the applicant or employee to any adverse treatment? ☒ Yes ☐ No

If there are NOs to any of the above questions(#a –b) you must provide a modification or corrective action: Click or tap here to enter text.

VIII. OUTSIDE PERSONS AND ORGANIZATIONS

This section evaluates the local government's use and interaction with outside persons and organizations persons with disabilities. Please respond to the following questions with either a Yes, No, N/A, a description, list, or explanation when appropriate. If a question does not apply to your local government, then write "N/A" next to the question and explain.

1. **List below all outside persons and organizations that are involved in the provision of any aid, benefit or service for the program as discussed in Sections II through IX. Include secondary recipients in your discussion.**

The Town of Enfield is a Municipal Corporation with a population of 2,000^{+/-} people and provides services and programs as depicted in Section II. Program Policy on Page 4 of the subject document. The Town has had the good fortune of having received Federal, State, and Private assistance and funding which entail innumerable tiers making it impossible to innumerate that which is requested.

2. **List steps to inform those listed in Question Number #1 of the organization's commitment to nondiscrimination on the basis or disability.**

Project with Federal Funding & NC DEQ Funding require ADA Compliance. NC Parks and Recreation Trust Fund projects also require ADA Compliance.

3. **List those persons or organizations from Question Number #1 that receive significant assistance from the organization in the provision of aids, benefits or services to program participants. For example, list organizations which rent or otherwise use your facilities; that depend on your organization for informing its participants of the aid, benefit or service; that have employees of your organization spending time to assist in or coordinate the provision of the aid, benefit or service; and so forth.**

See #1 above.

4. **List steps to ensure that persons or organizations listed in Question Number #3 do not discriminate on the basis of disability in the provision of any aid benefit or service to your program participants. Such steps may include changes in the program, facility alterations, and/or changes in or discontinuation of the relationship.**

Contractors and sub-contractors involved in the Federally Funded projects are subject to US Department of Labor, HUD, and IRS monitoring to ensure compliance.

IX. USE OF CONTRACTORS

This section evaluates the local government's use of contractors. Please respond to the following questions with either a Yes, No, N/A, a description, list, or explanation when appropriate. If a question does not apply to your local government, then write "N/A" next to the question and explain.

1. List contractors that are used by the local government to conduct programs or activities on behalf of the agency.

Any and all contractors and sub-contractors on State and Federally Funded projects. The Town, in conjunction with the Upper Coastal Plain Council of Governments, when administering Town Grants, endeavors to monitor compliance.

2. Describe steps that have been taken to ensure that local government procurement officials understand Section 504 requirements as they apply to contractors.

The 504 requirements are part of Federally Funded pre-bid, pre-construction, and progress meetings, bid contracts, the bid itself, and resulting contracts and sub-contracts.

3. Provide language included in a local government contract to ensure that contractors are aware of their obligations to take steps to facilitate the participation of individuals with handicaps in programs and activities they operate on behalf of the agency.

See attached excerpt inserted in all written CDBG related contracts (Schedule A).

4. Indicate the appropriate policy source to include information about Section 504 requirements as they apply to contractors.

24 CFR Part 8

5. Give a date that the policy was established and distributed to staff and give a citation for the policy.

The Code of Federal Regulations Section referred to in #4 above is part of the Federal Regulation governing Federal Government contracts and is binding upon the Town of Enfield from its inception of partaking of Federal Funding.

X. GRIEVANCE PROCEDURES

This section evaluates the local government's grievance procedures. Please respond to the following questions with either a Yes, No, N/A, a description, list, or explanation when

appropriate. If a question does not apply to your local government, then write “N/A” next to the question and explain.

1. What procedures have been established to ensure that at least one person has been designated to coordinate compliance with Section 504?

The adoption of a Grievance Procedure in accordance with the Americans with Disabilities Act, as amended and supplemented.

2. Have there been obvious difficulties or complaints about the local government services from individuals with disabilities?

☐ Yes – Proceed to Question 3 ☒ No - Proceed to Question 4

3. Describe how resolution of complaints and steps to resolve concerns/complaints is documented?

Click or tap here to enter text.

4. What written procedures have been established to ensure that appropriate initial and continuing steps to notify participants, beneficiaries, applicants, etc. that the local government does not discriminate on the basis of handicap (24 CFR 8.54)?

See #1 above.

5. Does the local government have a written grievance procedure/policy for handling the prompt and equitable resolution of any complaints of discrimination based on disability?

☒ Yes - **ATTACH** a copy of the current local government policy which should include the date the policy was established, the date the policy was distributed to staff, and the citation for the policy.

☐ No - Modification or corrective action: Click or tap here to enter text.

6. Has the local government adopted procedures that incorporate due process standards and allow for prompt resolution of any complaints or alleged discrimination based on disabilities (24 CFR 8.53)?

☒ Yes - **ATTACH** a copy of your current grievance procedures and the name of the person or unit responsible for receiving and processing complaints.

☐ No - Modification or corrective action: Click or tap here to enter text.

7. Has the local government notified staff and program participants about the grievance procedures?

☒ Yes ☐ No - Modification or corrective action: Click or tap here to enter text.

8. Is the grievance procedure and/or nondiscrimination policy published in the newspaper at least once a grant cycle (or once a year)?

☐ Yes

☒ No - Modification or corrective action: The aforesaid Grievance Procedure is adopted at a Public Meeting of the Town Board, memorialized in the Town Board Meeting minutes and is a matter of Public Record.

9. Does the grievance procedure inform individuals of their rights to file a complaint with a state or federal agency and include the agency's addresses?

☒ Yes

☐ No - Modification or corrective action: Click or tap here to enter text.



Town of Enfield
P.O. Box 699, 105 S.E. Railroad Street
Enfield, NC 27823
Telephone (252) 445-3146, Fax (252) 445-1019

EMPLOYMENT APPLICATION

INSTRUCTIONS: Applications must be completed, signed and dated to receive employment consideration. Incomplete applications will not be considered for employment. Your application will be used as part of the examination process and therefore, you should complete it to the best of your abilities and represent your best effort. PLEASE TYPE OR PRINT LEGIBLY.

1. PERSONAL DATA

Today's Date _____ Social Security Number _____

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ Zip _____

Telephone -- Day (____) _____ Evening (____) _____

If no phone where
can you be reached? _____ Are you between
the ages of 18-70? _____ If NOT, what is your
birth date? _____

NC Drivers License License Number: _____ Date Issued _____

CDL: Yes No Restrictions: _____ Current: Yes No

Citizenship: I certify that I am

- ☐ a U.S. citizen ☐ a non-citizen with permanent work authorization
☐ a non-citizen with renewable work authorization

2. WORK PREFERENCES

In general, what position or type of work are you applying for? _____

Date available to start: _____ Minimum acceptable salary _____

Are you seeking: ☐ Full-time permanent ☐ Part-time permanent ☐ Temporary ☐ Seasonal

3. EDUCATION

Circle highest level completed:												
1 2 3 4 5 6 7 8 9 10 11 12 GED												
College: 1 2 3 4 5												
Graduate School: 1 2 3 4												
School Name & Location				Dates Attended From				To		Degree/Diploma		
High School or GED												
College or University												
Others												
Others												
Describe/List specific courses, workshops, specialized training, apprenticeships or rotations you have had that are related to the position for which you are applying:												
<hr/>												
<hr/>												
<hr/>												

4. SKILLS

Check the following skills, experiences, etc., which you have include specifics in appropriate lines:			
<input type="checkbox"/> Word Processing _____	<input type="checkbox"/> Short Hand _____		
<input type="checkbox"/> Spreadsheets _____	<input type="checkbox"/> Transcription _____		
<input type="checkbox"/> Desktop Publishing/Graphics _____	<input type="checkbox"/> Data Entry _____		
<input type="checkbox"/> Database Software _____	<input type="checkbox"/> Typing _____ wpm		
<input type="checkbox"/> Computer Software _____	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Computer Hardware _____			
List field of work for which you have been licensed, registered or certified:			
License: _____	State: _____	Number: _____	Exp. Date _____
License: _____	State: _____	Number: _____	Exp. Date _____
License: _____	State: _____	Number: _____	Exp. Date _____
List machinery or equipment you operate which may be used in the type employment your are seeking (machine tools, cleaning equipment, construction equipment, vehicles, etc.):			
<hr/>			
<hr/>			
<hr/>			
Indicate any foreign languages you can speak, read and/or write			
Language	Speak	Read	Write

5. EMPLOYMENT HISTORY

List and describe your work experience separately by title. Begin with your present position and work backwards. Attach as many sheets as is necessary to account for your full record. Be sure to account for gaps in your employment history. Related volunteer experience should also be listed.

Currently Employed By _____	Job Title _____	
Address _____ _____	Starting Salary _____	Ending Salary _____
Telephone _____	Date Employed _____	Date Separated _____
Name and Title of Supervisor _____	Number of employees supervised by you _____	
Duties _____ _____ _____		
Reason for Leaving _____		
Can we contact your current employer? YES NO		

Previously Employed By _____	Job Title _____	
Address _____ _____	Starting Salary _____	Ending Salary _____
Telephone _____	Date Employed _____	Date Separated _____
Name and Title of Supervisor _____	Number of employees supervised by you _____	
Duties: _____ _____ _____		
Reason for Leaving _____		

Previously
Employed By _____

Job
Title _____

Address _____

Starting
Salary _____ Ending
Salary _____

Telephone _____

Date Employed _____ Date Separated _____

Name and Title of
Supervisor _____

Number of employees
supervised by you _____

Duties and Responsibilities _____

Reason for Leaving _____

Previously
Employed By _____

Job
Title _____

Address _____

Starting
Salary _____ Ending
Salary _____

Telephone _____

Date Employed _____ Date Separated _____

Name and Title of
Supervisor _____

Number of employees
supervised by you _____

Duties and Responsibilities _____

Reason for Leaving _____

Previously
Employed By _____

Job
Title _____

Address _____

Starting
Salary _____ Ending
Salary _____

Telephone _____

Date Employed _____ Date Separated _____

Name and Title of
Supervisor _____

Number of employees
supervised by you _____

Duties and Responsibilities _____

Reason for Leaving _____

6. GENERAL QUESTIONS

- a. Have you ever been employed with the Town of Enfield? ☐ Yes ☐ No

If yes, when and what department? _____

- b. Apart from absences for religious observations, will you accept employment requiring occasional night work or weekend work? ☐ Yes ☐ No

- c. Apart from absences for religious observations, will you accept employment requiring regular night work, weekend work, or rotating shifts? ☐ Yes ☐ No

Comments: _____

- d. Are you related by blood or marriage to any town employee? ☐ Yes ☐ No
If yes, give name, relationship and department _____

- e. Indicate any information regarding your training, qualifications, and skills not covered elsewhere on this application _____

- f. How did you learn about employment opportunities with the Town of Enfield? _____

If your answer to any of the following questions is "YES" please write a detailed explanation.

- g. Have you ever been fired from a job? ☐ Yes ☐ No

- h. Have you ever pled guilty to or been found guilty of any criminal offense or been convicted of any offense other than a minor traffic violation? ☐ Yes ☐ No

****NOTE:** A conviction record will not necessarily exclude you from employment.

The nature of the offense, when it occurred, and its job-relatedness will be considered.

7. PERSONAL REFERENCES

Please do not list family relatives. We recommend listing persons such as co-workers, teachers, etc., who have knowledge of your qualifications for the position for which you are applying. Do not repeat names of supervisors listed with your employment record unless they can no longer be contacted at those addresses. Include complete addresses and telephone numbers.

a. Name _____ Telephone _____

Address _____

b. Name _____ Telephone _____

Address _____

c. Name _____ Telephone _____

Address _____

Certification and Statement of Understanding

I certify that all of the information furnished in this employment application are true and complete to the best of my knowledge. I understand that the Town of Enfield may investigate the information I have furnished. I authorize any person, firm, or organization to supply any information about me concerning any past employment, military duties, convictions, or personal information to the Town of Enfield. I further release any such person, firm, or organization from any responsibility in disclosing such information, including from all liability for any damage that may result from furnishing such information to the Town.

I authorize the Town to obtain information regarding my record with the Division of Motor Vehicles if the position for which I am applying requires driving. I realize that any misrepresentation or false information included in the application materials or provided in the interview process can lead to the withdrawal of an offer of employment or to termination from employment. The Town of Enfield is a drug-free workplace. Individuals offered employment by the Town of Enfield might be required to successfully complete a pre-employment physical and drug testing. Individuals who refuse to take or who fail the drug test, after being informed, will be removed from employment consideration.

Signature _____ Date _____

Conflict of Interest (24 CFR 570.611)

No person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient, or of any designated public agencies, or of subrecipients that are receiving funds under this part, who exercise or have exercised any functions or responsibilities with respect to CDBG activities assisted under this part, or who are in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a CDBG-assisted activity, or with respect to the proceeds of the CDBG-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter.

Contractors shall take appropriate steps to assure compliance with the above paragraph and will incorporate the following provision into every sub-contract:

Interest of Sub-Contractor and Employees. The Sub-Contractor covenants that no person who presently exercises any functions or responsibilities in connection with the Community Development Block Grant Program has any personal financial interest, direct or indirect, in this Contract. Any interest on the part of the Sub-Contractor or his employees must be disclosed to the Recipient, provided, however, that this paragraph shall be interpreted in such a manner so as not to unreasonably impede the statutory requirement that maximum opportunity be provided for employment of and participation by residents of the area.

Discrimination Clauses and Provisions.

- Title VI of the Civil Rights Act of 1964 (42 U.S.C 20000d)
No person shall, on the ground of race, color, or national origin, be excluded from employment or participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.
- Section 109 of Title I of the Housing and Community Development Act of 1974, as amended (42 U.S.C. 5309) and regulations at CFR 570.602.
No person shall on the grounds of race, color, national origin, or sex, be excluded from participation in, be denied the benefits of, be denied employment in, or be subjected to discrimination under any CDBG program or activity.
- Section 504 of the Rehabilitation Act of 1973, as amended, (29 U.S.C. 794)
No otherwise qualified handicapped individual shall, solely by reason of his/her handicap, be excluded from the participation in, be denied the benefits of, be denied employment in, or be discriminated against under any program or activity receiving federal assistance.
- Age discrimination Act of 1975, as amended (42 U.S.C. 6101)
No person shall, on the basis of age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal assistance.
- Executive Order 11246, as amended by Executive Order 12086, and regulations in 41 CFR 60