

# ADA/SECTION 504 CERTIFICATION

## STATE OF MAINE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

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The Town/City of \_\_\_\_\_ hereby certifies that it has complied with the following requirements pursuant to Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act and

1. Conducted a Section 504/ADA Transition Plan and Self Evaluation of all municipal facilities;
2. Advises the public, employees and job applicants that it does not discriminate on the basis of disability in admission or access to or treatment or employment in its programs and activities; and
3. Has designated the following person as the contact to coordinate efforts to comply with these requirements.

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

\_\_\_\_\_  
(Signature of Authorized Municipal Official)

\_\_\_\_\_  
(Date)

Municipal Seal