

Tennessee Department of Transportation



Local Agency ADA Compliance Certification

The Tennessee Department of Transportation (TDOT) is required by the Federal Highway Administration (FHWA) to monitor sub-recipients who receive TDOT assistance (local governments, contractors, consultants or groups) to ensure compliance with Title II of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 with respect to TDOT funded (both Federal and State assistance) projects and programs. 28 CFR 35.130(b)(1)(v) and 49CFR27.7(V)

Deadlines have been established to prove compliance. TDOT has listed the deadlines below with the required elements listed. Please submit all information to TDOT via e-mail. The FHWA has indicated that they may not allow federal transportation funds, including State Transportation Block Grant (STBG) Program and Transportation Alternatives Program (TAP) grants, to be spent in your community after 2019 until this work has been developed.

BEFORE December 1, 2016

Physical Address of Agency

City of Millington
Agency Name
7930 Nelson Street
Street
Millington Shelby County 38053
City County Zip Code

Name of ADA Coordinator or Contact for ADA Questions

Jason Dixon City Engineer / ADA Coordinator
Name of ADA Coordinator Title
901-461-8595 j.dixon@millingtontn.gov
Phone Number E-mail Address

A copy of the ADA Grievance Procedure

Please provide the location(s) of where a person may find a copy of your ADA Grievance Procedure. (web address, public notices...)

<http://www.millingtontn.gov/index.aspx?NID=540> , City Hall 7930 Nelson Street, Millington. TN 38053

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BEFORE December 1, 2017

Status of ADA Transition Plan or ADA Self-Evaluation

ADA Self-Evaluation

Complete Completion Date: _____

In-Progress

Not Started

ADA Transition Plan

Complete Completion Date: _____ Submit PDF Copy or Link

In-Progress

Not Started

Please attach the letter of commitment from the mayor. If you've completed your self-evaluation, but haven't completed your Transition Plan, please provide a brief description of the programs and facilities included as part of your agency's self-evaluation.

BEFORE December, 2018

Status of ADA Transition Plan or ADA Self-Evaluation

ADA Self-Evaluation

Complete Completion Date: _____

In-Progress

Not Started

ADA Transition Plan

Complete Completion Date: _____ Submit PDF Copy or Link

In-Progress

Not Started

BEFORE December, 2019

Submit completed copy of your agency's ADA Transition Plan and a Letter certifying your entity has completed the required ADA Transition Plan

Completion Date: _____ Submit PDF Copy

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If Transition Plan is not complete, please describe your action plan to complete your agency's ADA Transition Plan.

Letter Date: _____

Submit PDF Copy of Signed Letter