

**EXHIBIT 9-C LOCAL AGENCY ADA ANNUAL CERTIFICATION FORM**

Local Agency ADA Annual Certification Form  
49 CFR 27: Nondiscrimination on the Basis of Disability in  
Programs or Activities  
Receiving Federal Financial Assistance

Local Agency: \_\_\_\_\_

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

Date Certification submitted: \_\_\_\_\_

I. Name of ADA Liaison Officer: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

II. ADA Complaint Procedure Adopted:

Yes: \_\_\_\_\_ Date of Adoption: \_\_\_\_\_

No: \_\_\_\_\_ Planned Date of Adoption: \_\_\_\_\_

Final Completion Date: \_\_\_\_\_

III. Self-evaluation completed:

Yes: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

No: \_\_\_\_\_ Planned Date of Completion: \_\_\_\_\_

Final Completion Date: \_\_\_\_\_

System established for periodically reviewing and updating the evaluation: \_\_\_\_\_

IV. Transition Plan completed:

Yes: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

Date of Implementation: \_\_\_\_\_

No: \_\_\_\_\_ Planned Date of Completion: \_\_\_\_\_

Final Completion Date: \_\_\_\_\_

V. Policies, procedures, and criteria for implementing ADA compliance improvements in maintenance and capital improvement programs have been reviewed and the required revisions have been made:

Yes: \_\_\_\_\_ No: \_\_\_\_\_

VI. Division of State Architect (DSA) Checklists are used to verify compliance of design packages, standard plans and field inspections to ensure compliance with both State and federal accessibility standards:

Yes: \_\_\_\_\_ No: \_\_\_\_\_

DSA website: [http://www.dsa.dgs.ca.gov/Access/ud\\_accessmanual.htm](http://www.dsa.dgs.ca.gov/Access/ud_accessmanual.htm)

*Reminder: State of California Government Code Section 4454 requires Division of State Architect (DSA) review and approval of the plans and specifications for local agency pedestrian projects using State funds.*

VII. Standard Plans are reviewed and updated on an ongoing basis for full ADA and California Accessibility compliance:

Yes: \_\_\_\_\_ No: \_\_\_\_\_

\_\_\_\_\_  
Signature  
(ADA Liaison Officer)

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

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