



RI Governor's Commission on Disabilities

RI GCD Form C. ADA/504 Action Plan

Agency

ADA Coordinator's Name & Title

Mailing Address

City, State, Zip Code

Phone #: Voice Fax TTY

Email address

Self Evaluation and Action Plan

CFR # CFR Title Compliance by

Describe the Problem

Action Plan

CFR # CFR Title Compliance by

Describe the Problem

Action Plan

CFR # CFR Title Compliance by

Describe the Problem

Action Plan

(attach additional sheets if necessary)

Date Signed Name and Title

Signature of Agency Director

Emailed this form to disabilities@gcd.ri.gov if signed with an electronic signature or mail to the: RI Governor's Commission on Disabilities John O. Pastore Center, 41 Cherry Dale Court Cranston, RI 02920-3049 and keep a copy of the completed form for you records