# ADA PLAN OUTLINE FY23-25 Worksheet

**This Word Document is available to help you DRAFT your plan prior to beginning your online submission. We strongly encourage you to draft your plan in this or another word document then cut and paste it into the ADA Plan form.**

**Submissions will ONLY be accepted through the submission of the ADA Plan form. Please note that this word document has fillable text boxes for your convenience as you draft, but radio buttons (i.e; for yes/no answers) are just a mockup of what you'll see on the ADA Plan form.**

\* 1. Please provide your organizational information

**Organization**

**Primary Contact Name**

**Contact pronouns (i.e. she/her/hers, they/them/their)**

**Email Address**

**Phone Number**

**Executive Director**

**Executive Director pronouns (i.e. she/her/hers, they/them/their)**

**Email Address**

**Phone Number**

**Address**

**City/Town**

**Zip Code**

**County**

* 2. What is your organization's website address?
  + 3. What grant type applies to your organization?

 GOS GPS

LAP

* + 4. What discipline?

 Arts Education

 County Arts Agency  Crafts

 Dance

 Film/Radio Folk Arts  Literature

* 5. Please provide your organization's mission.

 Media

 Multi-Disciplinary  Music

 Opera/Musical Theatre  Presenters

 Theatre Visual Arts

* 6. Please provide one paragraph describing the programming your organization offers.
  + 7. Please indicate the types of events your organization offers. Check all that apply.

Teen Arts Lectures/Workshops Concerts/Plays/Musicals Exhibits

Docent tours Poetry/Play Readings Outdoor events

Film

Other (please specify)

* 8. Since the submission of your last ADA plan, please indicate if the organization has a new ADA Coordinator or organization contact since the submission of its last ADA Plan. In addition, please provide an overview of your organization's progress in its accessibility efforts in the areas of policy, marketing, programming, and facilities. Be specific. Please describe the process of sharing your completed/approved plan with your Board, staff and volunteers. .

Organizational Policies and Practices

* + 9. Has your organization used the [ADA Self-Assessment Survey Too](https://njtheatrealliance.org/sites/default/files/ADA_Self_Assessment_Survey.pdf)l or contracted a professional assessment of its facilities and programs in preparation for this new ADA Plan? .

 Yes No

* 10. If yes, please answer the following questions: 1) What was the process your organization used to conduct the assessment? 2) Who from the organization (staff, trustees, etc.) were involved? 3)How do you plan to use the assessment in the future? 4) What were the major findings from the assessment?

If no, what is your process and timeline for completing a self-assessment?

11. If you have completed a self-assessment, what is the date of your most recently completed self- assessment?

Date Completed:

Date

MM/DD/YYYY

\* 12. Does your organization have a board-approved policy statement regarding ADA compliance?

 Yes No

* 13. If yes, place your policy here.

If your organization doesn't have one, what is the timeline for adopting a policy?

14. If your organization has adopted a policy, when was the ADA policy statement adopted?

Date Adopted:

Date

MM/DD/YYYY

\* 15. Does your organization have/share an ADA coordinator or have a designated individual who is responsible for access services/programs and facilities?

 Yes No

* 16. If yes, please provide ADA Coordinator/designated individual information.

If your organization does not have a coordinator, please explain the plan for identifying one.

Name

Title

Email

Phone

If no, describe your plan for identifying a ADA Coordinator or designated individual:

* + 17. Does your organization have/share an Access Advisory Board or another committee to provide advice on access matters?

 Yes No

* 18. If yes, please provide advisory board information, including names, titles and affiliations. Indicate persons with a disability with an asterisk.

If no, what are your plans and timeline for establishing one?

* + 19. Does your organization offer sensitivity training to staff, board, and/or volunteers on an annual basis?

 Yes No

* 20. If yes, provide a description of the training, who conducts the sessions, and their qualifications. If not offered, what is the process and timeline for offering training opportunities?
  + 21. Has a representative of your organization attended ADA Plan Workshops and/or Access Thursday Roundtables provided by the Cultural Access Network Project within the past two years?

 Yes No

In addition, has a representative of your organization attended a national or regional conference focused on accessibility in the last two years? Yes NO

If yes, please list the conference here\_\_\_\_\_

* + 22. Does your organization have a dedicated access budget or include access expenditures into your program budgets?

 Yes No

* 23. If yes, what is the annual budget allocation for access whether or not it’s a separate line item?

If no, what is your plan and timeline to establish an access budget or include access expenditures in program budgets?

* + 24. Does your organization have an Emergency Preparedness Plan that includes provisions for people with disabilities (i.e; audience/visitors, staff, volunteers, artists, etc.)? Please note: It is important to have an Emergency Preparedness Plan for all organizations, even for those who tour or rent their facilities.

 YesNo

* 25. Place your plan here.

If your organization doesn't have one, what is the timeline for adopting such a plan?

26. If yes, when was the emergency preparedness plan adopted?

Date Adopted:

Date

MM/DD/YYYY

* 27. Do you actively solicit feedback from people with disabilities regarding your accessibility services, marketing, programming, and facilities?

 Yes No

Explain how you collect feedback (i.e. surveys, focus groups, etc.):

* 28. The law requires your organization to have a policy on admitting service animals? Does your organization have a policy?

 Yes No

* 29. Place your policy here.

If your organization doesn't have one, what is the timeline for adopting such a plan?

Employment/Volunteer Practices

* + 30. Does your organization have an employment non-discrimination policy statement that includes people with disabilities?

 Yes No

* 31. Place your policy here.

If your organization doesn't have one, what is the process and timeline for adopting a policy?

* + 32. Does your organization provide employment/volunteer forms or other documentation in alternate formats or provide assistance in filling out employment form?

 Yes No

Please describe how you provide assistance: :

* + 33. Does your organization have a plan to provide reasonable accommodations for meetings and employee/volunteer interviews if your current office is not accessible?

 Yes No

Please offer further details:

* + 34. Is your organization proactive in hiring artists/staff/volunteers with disabilities?

 Yes No

Please offer further details:

35. When hiring, it is encouraged that organizations identify the essential and marginal functions of the job. You can find more information on marginal and essential job functions by visiting https://njtheatrealliance.org/cultural-access-resources/ If you have a sample job description for staff and volunteers that separates marginal and essential functions, please paste here:

Grievance Procedure

\* 36. Does the organization have a board-approved procedure for accepting grievances regarding accessibility from audiences/visitors? You can find information on grievance procedures by visiting https://njtheatrealliance.org/cultural-access-resources/

 Yes No

* 37. If yes, please provide the procedure here.

If no, please explain your organization's process and timeline for adopting a Grievance Procedure.

38. If yes, when was it adopted?

Date adopted:

Date

MM/DD/YYYY

Virtual/Digital Programming

* 39. Does your organization currently offer or plan to offer virtual programming (i.e; online readings, performances, webinars, videos, workshops, classes, exhibits, etc) for subscribers, members, and/or the general public?

 Yes No

Please offer further details here, including the type of programming, estimated cost, and the person responsible for virtual programming:

* 40. Does your organization plan to continue both virtual and in-person programming?

 Yes No

Please offer further details here, including the type of programming, estimated cost, and the person responsible for virtual programming:

* 41. Are you currently incorporating or do you plan to incorporate access services (I.e; open captioning, sign interpretation, audio description, services for those on the spectrum, etc.) with any of your virtual programs?

Is this already in practice?

Goals for FY23:

Goals for FY24:

Goals for FY25:

Person/title responsible for implementation:

Estimated Cost:

If not applicable, please explain:

Program Offerings for those with Hearing Loss and those who are Deaf

# Please keep in mind your long-term goals..

* 42. An assistive listening system is provided in assembly areas, seating areas, and/or for guided tours or lectures.

Is this already in practice?

Goals for FY23:

Goals for FY24:

Goals for FY25:

Person/title responsible for implementation:

Estimated Cost:

If not applicable, please explain

* 43. Sign language interpretation of performances, guided tours, or lectures.

Is this already in practice?

Goals for FY23:

Goals for FY24:

Goals for FY25:

Person/title responsible for implementation:

Estimated Cost:

If not applicable, please explain:

* 44. Open/closed captioning at performances, lectures, tours, workshops, or for film/video.

Is this already in practice?

Goals for FY23:

Goals for FY24:

Goals for FY25:

Estimated Cost:

If not applicable, please explain:

* 45. Advance copies of scripts, synopses, or overview of event provided.

Is this already in practice?

Goals for FY23:

Goals for FY24:

Goals for FY25:

Person/title responsible for implementation:

Estimated Cost:

If not applicable, please explain:

* 46. Printed self-guided tours.

Is this already in practice?

Goals for FY23:

Goals for FY24:

Goals for FY25:

Estimated Cost:

Person/title responsible for implementation:

If not applicable, please explain:

Program Offerings for those with Vision Loss

# Please keep in mind your long-term goals.

* 47. Audio-described performances or guided tours.

Is this already in practice?

Goals for FY23:

Goals for FY24:

Goals for FY25:

Person/title responsible for implementation:

Estimated Cost:

If not applicable, please explain:

* 48. Sensory seminars are offered to blind/low vision audience members/visitors in conjunction with an event or exhibition.

Is this already in practice?

Goals for FY23:

Goals for FY24:

Goals for FY25:

Person/title responsible for implementation:

Estimated Cost:

If not applicable, please explain:

* 49. Braille materials (programs, exhibit or display signage, and/or other materials).

Is this already in practice?

Goals for FY23:

Goals for FY24:

Goals for FY25:

Person/title responsible for implementation:

Estimated Cost:

If not applicable, please explain:

* 50. Materials are available online (event brochures, programs, exhibit or display information, etc.)

Is this already in practice?

Goals for FY23:

Goals for FY24:

Goals for FY25:

Person/title responsible for implementation:

Estimated Cost:

If not applicable, please explain:

* 51. Digital media of exhibits, such as MP3 digital audio, smartphone, podcast, or other recordings.

Responsible role:

Goals for FY23

Goals for FY24

Goals for FY25

Estimated Cost

If not applicable, please explain

Programming for Individuals with Autism, Cognitive Disabilities or Developmental Disabilities.

# Please keep in mind your long-term goals .

* 52. Programming and services for individuals with autism, cognitive disabilities, or developmental disabilities.

Is this already in practice?

Goals for FY23:

Goals for FY24:

Goals for FY25:

Person/title responsible for implementation:

Estimated Cost:

If not applicable, please explain:

Effective Communications (Publications, Marketing/Outreach, Website)

* 53. Organization has an accessible website providing basic accessibility features (high contrast, adjustable type size, alternate text for images, plain text option, etc.)

Is this already in practice?

Goals for FY23:

Goals for FY24:

Goals for FY25:

Person/title responsible for implementation:

Estimated Cost:

If not applicable, please explain:

* 54. Organization has an accessibility policy statement on its website and an access section on the website that promotes accessible programs and services to patrons/visitors, as well as the accessible features of venue.

Is this already in practice?

Please provide the statement link here:

Goals for FY23:

Goals for FY24:

Goals for FY25:

Person/title responsible for implementation:

Estimated Cost:

If not applicable, please explain:

Event Ticketing

* + 55 Does your organization sell event tickets online through your website or through an outside provider?

 Yes No

56. Organization offers seating diagram or chart showing location of accessible seating for ticket sales on its website or through an online ticketing service.

Is this already in practice?

Goals for FY23

Goals for FY24

Goals for FY25

Person/title responsible for implementation:

Estimated Cost:

If not applicable, please explain:

\* 57. Organization offers tickets in all price ranges to people with disabilities and up to three companions requesting accessible seating.

 Yes No

* 58. If yes, please explain the details here including whether your organization has different locations that are accessible or just one restricted area. If the organization does not offer different price ranges, please explain your plan and timeline to implement this ticketing policy.
* 59. Organization offers discounted ticket prices to individuals with disabilities and their companion.

Is this already in practice?

Goals for FY23:

Goals for FY24:

Goals for FY25:

Person/title responsible for implementation:

Estimated Cost:

If not applicable, please explain:

Marketing Practices

# Marketing materials include but are not limited to service brochures, season brochures, event programs, social media, etc.

* 60. Marketing materials are available or offered in alternate formats (e.g. large print/Braille/electronic media).

Is this already in practice?

Goals for FY23:

Goals for FY24:

Goals for FY25:

Person/title responsible for implementation:

Estimated Cost:

If not applicable, please explain:

* 61. Social media posts are accessible (e.g. Alt text, captioned videos, image descriptions.)

Is this already in practice?

Goals for FY23:

Goals for FY24:

Goals for FY25:

Person/title responsible for implementation:

Estimated Cost:

If not applicable, please explain:

* 62. Brochures and other marketing materials list appropriate international access symbols and a statement regarding accessibility policies.

Is this already in practice?

Goals for FY23:

Goals for FY24:

Goals for FY25:

Person/title responsible for implementation:

Estimated Cost:

If not applicable, please explain

* 63. Organization has reasonable advance notification policy for patrons interested in utilizing its programs and services (e.g. sign interpretation, large print programs, etc.).

Is this already in practice?

Goals for FY23:

Goals for FY24:

Goals for FY25:

Person/title responsible for implementation:

Estimated Cost

If not applicable, please explain

64. If organization has an advanced notification policy, please provide here.

* 65. Organization utilizes its ADA advisory board or similar representation to reach patrons with disabilities.

Is this already in practice?

Goals for FY23:

Goals for FY24:

Goals for FY25:

Person/title responsible for implementation:

Estimated Cost:

If not applicable, please explain:

* 66. Organization has developed or is planning to develop a targeted marketing approach to reach out to patrons with disabilities.

Is this already in practice?

Goals for FY23:

Goals for FY24:

Goals for FY25:

Person/title responsible for implementation:

Estimated Cost:

If not applicable, please explain:

* + 67. Does your organization tour or use other facilities than those you own?

 Yes No

Touring Companies

68. If you provide a letter of agreement rider, or ADA checklist (see self-assessment survey tool appendix) to the landlord or manager of the venue in which the programming will take place or if your services are contracted, presented, or part of a larger production/festival/exhibit, you are still responsible for advocating and requesting accessibility services for your artists and the patrons who will participate/view the performance/exhibit.

Please attach your rider, LOA or ADA checklist here.

Please be sure the file name includes your organization's name. EXAMPLE: NJTheatreAlliance.tour.rider.doc

No file chosen



Choose File

Choose File

Accessible Facilities

# Please accurately describe the following accommodations for ALL of the facilities you maintain or utilize (i.e., performance, exhibit, classroom, office and rehearsal space).

1. Please describe the accessible route from public transportation to the facility.
2. If there is not an accessible route, please explain your goals for working with local/community officials to establish one in each of the following fiscal years.

FY23 Goals:

FY24 Goals:

FY25 Goals:

1. Please describe available ADA compliant parking
2. If you do not offer this accommodation, please explain your goals for offering the accommodation in each of the following fiscal years.

FY23 Goals:

FY24 Goals:

FY25 Goals:

If not applicable, please explain:

1. Please describe the accessible route from parking to primary accessible entrance.
2. If there is not an accessible route, please explain your goals for working with local/community officials to establish one in each of the following fiscal years.

FY23 Goals

FY24 Goals

FY25 Goals

If not applicable, please explain:

1. Please describe ADA compliant doors to entrance, bathrooms, assembly areas, gallery/display areas.
2. If you do not offer this accommodation, please explain your goals for offering the accommodation in each of the following fiscal years.

FY23 Goals:

FY24 Goals:

FY25 Goals:

If not applicable, please explain:

1. If your facility has multiple levels, please describe the availability of an elevator or interior ramps at level or floor changes.
2. If you do not offer this accommodation, please explain your goals for offering the accommodation in each of the following fiscal years.

FY23 Goals:

FY24 Goals:

FY25 Goals:

If not applicable, please explain:

1. Restrooms (or gender-inclusive bathroom) used by the public are ADA compliant
2. If you do not offer this accommodation, please explain your goals for offering the accommodation in each of the following fiscal years.

FY23 Goals:

FY24 Goals:

FY25 Goals:

1. Seating areas of facility have the correct percentage of wheelchair locations and transfer seats on each level as required by the law. Please include percentage of seats that are wheelchair accessible and the number of transfer seats transfer seats in your description. To see the percentage of seats required by law, please visit [https://www.arts.gov/sites/default/files/NEA-ADA-TipSheet-v2.pdf](https://www.arts.gov/sites/default/files/NEA-ADA-TipSheet-v2.pdf%20%20)
2. If you do not offer this accommodation, please explain your goals for offering the accommodation in each of the following fiscal years.

FY23 Goals:

FY24 Goals:

FY25 Goals:

If not applicable, please explain:

1. Please describe ADA compliant signage in all facilities your maintain (performance, exhibit, classroom, office and rehearsal space), including Braille, font size, contrast, mounting, and height.
2. If you do not offer this accommodation, please explain your goals for offering the accommodation in each of the following fiscal years.

FY23 Goals

FY24 Goals

FY25 Goals

If not applicable, please explain:

1. Please describe ADA compliant box office window or information desk
2. If you do not offer this accommodation, please explain your goals for offering the accommodation in each of the following fiscal years.

FY23 Goals

FY24 Goals

FY25 Goals

If not applicable, please explain:

1. Please describe ADA compliant concession stand or gift shop.
2. If you do not offer this accommodation, please explain your goals for offering the accommodation in each of the following fiscal years.

FY23 Goals

FY24 Goals

FY25 Goals

If not applicable, please explain:

1. Please describe ADA compliant performance/dressing room/artist space/classroom.
2. If you do not offer this accommodation, please explain your goals for offering the accommodation in each of the following fiscal years.

FY23 Goals:

FY24 Goals:

FY25 Goals:

If not applicable, please explain:

* 91. Who in your organization is responsible for facility access oversight?

Name:

Title:

Email address:

* + 92. Has your organization budgeted for access capital needs?

 Yes No

Please offer further detail here:

3 OPTIONAL: To help the Cultural Access Network Project establish an ongoing library of resources, we would like to collect photos and/or marketing materials related to your access programming.

If you would like to participate, please upload a photograph or other material related to your access efforts. Please include a caption and crediting document for photos.

No file chosen



Choose File

Choose File

1. Upload additional photo here.

No file chosen



Choose File

Choose File

1. Upload additional photo here.

No file chosen



Choose File

Choose File

Form Submission

1. Please enter the date on which you are submitting this form:

Date:

Date

MM/DD/YYYY

Thank you! Please click submit to finish.