

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: COUNTY OF VENTURA

Program Year: 2016-2017

Date Certification submitted: JUNE 1, 2016

I. Name of ADA Liaison Officer: MATT CARROLL
Telephone Number: 825-654-2864
E-mail Address: MATT.CARROL@VENTURA.ORG

II. ADA Complaint Procedure Adopted:
Yes: Date of Adoption: AUGUST 11, 1992
No: Planned Date of Adoption: _____
Final Completion Date: _____

III. Self-evaluation completed:
Yes: Date of Completion: MARCH 1994
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: MARCH 1994
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:

All capital improvement projects (new construction and maintenance) are designed in accordance with State and Federal laws. The Transportation Department has developed ADA checklists and procedures to help ensure that ADA requirements and standards are fully interegrated into all of the Agency's planning, and design of highway projects.

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:

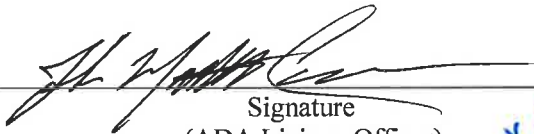
Yes: X No:

DSA website: 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: X No:



Signature
(ADA Liaison Officer)

Handwritten initials and date: JLB 6/6

Date: 6/13/16

Distribution: (1) Original - DLAE