# Alternate Access Plan (AAP)

## Purpose of the Alternate Access Plan

In compliance with Section 504 of the Rehabilitation Act of 1973 and ADA as amended in 2008, APSU shall apply THEC’s identified accessibility guidelines to Informational Materials and Technology products and services that it adopts, buys, creates, uses, and maintains. When informational materials and technologies do not conform to those guidelines, an alternate access plan will be developed to address the accessibility issues. This form is used to describe the alternate access plan.

## Instructions

1. The requesting department is responsible for completing sections 1 through 4 below.
2. After completing the form, the requesting department will forward the form to the accessibility administrator to obtain approval.
3. The accessibility administrator will either approve the form and return it to the requesting department for processing or return the form without an authorization to proceed. Incomplete forms will not be approved.
4. The requesting department administratoror designee is responsible for forwarding the approved document to Procurement and Contract Services.

## Form

Section 1. Plan Creator Information

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Unit: |  |
| Office Phone: |  |
| Email: |  |

Section 2. Description of the Affected Informational Material and Technology Purchase

|  |  |
| --- | --- |
| Affected Product is a: |  |
| Product Name: |  |
| Product Description: |  |
| Product Purpose: |  |

Section 3. How will “Alternate Access” (AA) be provided?

|  |  |
| --- | --- |
| 1. **Description of the issue:**   Summarize what part of the informational material/technology has an accessibility issue and is not accessible per AIMT guidelines. |  |
| 1. **Persons or groups affected:**   List the person(s) or groups who may/will be affected by this issue, including the total number of affected persons. (general public, visitors, students only, employees, etc.). |  |
| 1. **Responsible person(s):**   List the name(s) and titles of the employee(s) who will be responsible for implementing equally effective alternate access for the specified accessibility issue as described in Number 1. |  |
| 1. **How will AA be provided:**   Describe in detail how the responsible unit(s)/person(s) equally effective alternate access will be communicated and what will be provided. Attach a separate sheet if necessary. |  |
| 1. **AA Resources Required:**   List any resources required (including training, equipment, additional staff, etc.) to provide alternate access for the known issue. |  |
| 1. **Repair Information:**   Provide a brief description or any relevant information regarding remedy of the issue by the vendor or Third-Party Service Provider, as well as the completion date. |  |
| 1. **Timeline for Unforeseen events:**   A timeline to plan, create, implement, and follow up on plans for accommodation for access concerns/issues that are beyond the accessible procurement process and/or outside of the realm of the questions above. |  |

Section 4. Administrative AAP Agreement

*By signing this request, you affirm that the submitted plan is an acceptable solution that meets Accessibility Guidelines.*

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| --- | --- |
| Department Head [or other responsible party] |  |
| Date: |  |