

CSU East Bay Equally Effective Alternate Access Plan (EEAAP)

CSU East Bay is required to apply accessibility standards to Information and Communication Technology (ICT) products and services. When systems, software, or processes do not fully meet accessibility requirements, this document is completed by the CSU East Bay EEAAP Committee (or requester) to affirm the institutional response in providing alternative means of access.

## ICT Vendor & Product/Service Information

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| Vendor Name & Website |  |
| Vendor Representative & Contact information |  |
| Product Name & Version: |  |
| Product Description: |  |

## Requestor & Usage Information

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| --- | --- | --- | --- |
| Name: Shaunt Hamstra | Title:  | Email:  | Department:  |
| College/Division:       | Office Extension:  | Office Location:  | Date:  |
| Product Purpose:  |  |
| Intended End-User & Per Annum Estimate: |  |
| Lifecycle: |  |

## Institutional Response

| Accessibility Barrier | Equally Effective Alternate Access |
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| **Description of Issue:** Known product accessibility issue(s) per section 508 & CSU ATI Standards from *validated* vendor VPAT/Accessibility Conformance Report.Common disabilities impacted by accessibility barriers: | **Alternative Solution:** Describe alternative solution. How will the end user be informed of solution? | **Required Resources:**List required campus resources to accomplish alternative solution. | **Responsible Department:** Name, Title, and Department of parties responsible for implementation |
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| Accommodation PlanIf EEAAP workarounds are inadequate to provide equal access for a specific individual’s situation, an accommodation plan is necessary.* If the accommodation is for a student:

Contact Accessibility Services at as@csueastbay.edu or call ext. 5-3868. Describe the software and why the student cannot access it (what is the issue).* If the accommodation is for staff or faculty, the general public or other non-affiliated person (visitors, vendors, speakers):

Contact Human Resources, hr@csueastbay.edu. Describe the software and why the faculty or staff cannot access it (what is the issue). |

## Administrative Approvals

*By signing this request, you affirm that the plan has been reviewed and is an acceptable solution that meets CSU ATI compliance requirements and all disability related legislation (listed in the reference section of this document).*

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| Department Chair/ Requestor Manager |  | Date:       |
| Dean/Division Vice President |  | Date:       |
| ADA Compliance Officer |  | Date:       |

## EEAAP Distribution

*Distribute this completed form electronically for all named parties to access. Ownership and revision responsibility of completed EEAAPs are with the office responsible for campus ATI implementation. Record receipt of distribution below.*

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| Product requestor and their department | Name, contact info, and signature | Date:  |
| Human Resources | Name, contact info, and signature | Date:       |
| Accessibility Services  | Name, contact info, and signature | Date:       |
| Other designee(s) as named in EEAAP implementation | Name, contact info, and signature    | Date:       |

## Supplemental Information

### Applicable Disability Legislation

* Section 504 of the Rehabilitation Act of 1973 and Section 508 of the Rehabilitation Act of 1973
* The Americans with Disabilities Act (ADA)
* California Government Code 11135 and California Government Code 7405
* CSU ATI requirements

### Document Revision & Control

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| --- | --- |
| Next Scheduled Review |       |
| Revision Control Log |       | Date:       |

**NOTE: Retain this EEAAP document along with vendor VPAT/ACR documentation and Roadmap.**