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**NYS-P08-005 Accessibility of Web Based Information & Applications
 Policy Compliance Report Form**

The **NYS-P08-005 Accessibility of Web Based Information & Applications Policy Compliance Report Form** is used to demonstrate an agency's level of compliance with the requirements of the Accessibility Policy.

The Compliance Report Form requests information regarding specific actions taken, or planned, by your agency to comply with each of the Policy's requirements as described in Section 5.0 on Policy Compliance.

A completed and signed Compliance Report Form should be submitted by December 31, 2010, via e-mail to the NYS Accessibility Coordinator, Chief Information Officer/Office for Technology policy mailbox at oft.sm.policy@cio.ny.gov.

Agency Name	Date	Accessibility Coordinator (Name)	Phone
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1. Designate a point of contact for accessibility of Web-based Information and Applications.

For this requirement, your agency is:

Fully Compliant **Partially Compliant** **Not Compliant**

2. Clearly post an "accessibility" link on your agency's Home Page. The linked page should specify who to contact with questions about the site's accessibility and accessibility of any other web-based application(s) under the control of your agency.

For this requirement, your agency is:

Fully Compliant **Partially Compliant** **Not Compliant**

3. Perform an annual test of the web-based Intranet and Internet information and application for compliance as new web-based information and application is made available for all public facing information and applications.

For this requirement, your agency is:

Fully Compliant **Partially Compliant** **Not Compliant**

A. Summarize specific actions your agency has taken to install a compliance testing and validation tool. Describe actions taken during FY2010-11 to verify your test results and expand the testing program.

B. Identify any significant deficiencies revealed during the FY2010-11 testing process. Outline actions taken, or planned, to eliminate known deficiencies. Highlight the most important improvements made during the current year.

4. Document receipt of and responses to all complaints regarding accessibility of your agency's web-based information and applications. In addition, your agency must document instances of your agency's non-compliance with the policy due to "undue burden" or "fundamental alteration" in the functioning of the tool or application. **Note:** CIO/OFT may periodically request a review of this documentation.

For this requirement, your agency is:

Fully Compliant Partially Compliant Not Compliant

A. Describe the process your agency has/or plans to put in place to meet this requirement.

B. Provide a list of the applications or components of applications where your agency is claiming non-compliance due to "undue burden" or "fundamental alteration" of the tool or application.

**2010 – 11 NYS-P08-005 Accessibility of Web-Based Information & Applications Policy
Compliance**

Agency Name

Agency Head

Chief Information Officer (Name)

Agency Address

Telephone Number

Name of Your Agency's Accessibility Coordinator

Telephone Number

Email Address of Accessibility Coordinator

I hereby attest to the agency's level of compliance with NYS-P08-005 Accessibility of Web-Based Information & Applications:

- Fully Compliant (Full compliance with all provisions)**
- Partially Compliant (Partial compliance with some or all provisions)**
- Not Compliant (Noncompliance with all provisions)**

Signature

Date

Print Name