

TOWNSHIP BOARD OF THE CHARTER TOWNSHIP OF MERIDIAN

RESOLUTION ADOPTING ELECTRONIC MEETING ACCOMMODATIONS POLICY

At a regular meeting of the Township Board of the Charter Township of Meridian, Ingham County, Michigan, held at the Meridian Municipal Building, 5151 Marsh Road, Okemos, MI 48864, on June 7, 2022 at 6:00 PM.

PRESENT: Supervisor Jackson, Treasurer Deschaine, Trustees Hendrickson, Sundland, Wilson

ABSENT: Clerk Guthrie, Trustee Wilson_____

The following resolution was offered by Trustee Wilson and supported by Treasurer Deschaine.

WHEREAS, Meridian Charter Township's vision is to achieve and maintain a sustainable and welcoming community with the highest quality of life for our residents;

WHEREAS, the Open Meetings Act ("OMA") MCL 15.261 *et seq* imposes certain requirements on public bodies hosting meetings open to the public;

WHEREAS, Michigan Attorney General Opinion 7318, issued February 9, 2022, clarifies that in select cases the American with Disabilities Act ("ADA") preempts the OMA's in-person attendance requirement;

WHEREAS, Meridian Charter Township seeks to adhere to Michigan Attorney General Opinion 7318 by allowing individuals with certain qualifying disabilities to participate in public meetings;

NOW, THEREFORE, BE IT RESOLVED by the Meridian Charter Township Board, as follows:

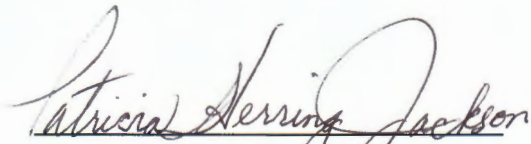
- A. The Township Board expressly adopts the electronic meeting accommodations forms and policies attached to this resolution as **Exhibit 1** including:
 - (1) Charter Township of Meridian Electronic Meeting Accommodations Policy; and
 - (2) Charter Township of Meridian Electronic Meeting Accommodation Request Form (Disability) Public Meetings Subject to Michigan Open Meetings Act.
- B. The Township Board directs that all forms and policies adopted above shall be shared with all members serving on the Township's boards and commissions.
- C. All prior resolutions inconsistent herewith are hereby rescinded.

YEAS: Supervisor Jackson, Treasurer Deschaine, Trustees Hendrickson, Sundland, Wilson

NAYS: _____

ABSENT: Clerk Guthrie, Trustee Wisinski

Resolution declared adopted.


Patricia Herring Jackson, Supervisor

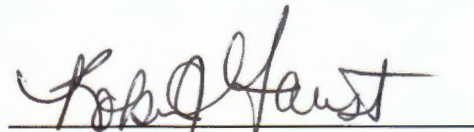
STATE OF MICHIGAN)

)ss.

COUNTY OF INGHAM)

CERTIFICATION

I, the undersigned, the duly qualified and acting Clerk for the Charter Township of Meridian, Ingham County, Michigan, DO HEREBY CERTIFY that the foregoing is a true and complete copy of certain proceedings taken by the Township Board of the Charter Township of Meridian at a meeting held on June 7, 2022, and further certify that the above resolution was adopted at said meeting.


Robin Faust, Township Deputy Clerk

**CHARTER TOWNSHIP OF MERIDIAN
ACCOMODATION REQUEST (DISABILITY)
PUBLIC MEETING SUBJECT TO MICHIGAN OPEN MEETINGS ACT**

The Charter Township of Meridian (“Township”) is a public entity subject to the Michigan Open Meetings Act (“OMA”) and is also subject to Title II of the Americans with Disabilities Act (“ADA”), with an obligation to provide reasonable accommodations to qualified individuals with a disability. 42 USC 12102(1)(A). The ADA duty to accommodate extends to how the Township holds meetings subject to the OMA. *OAG*, 2022, No. 7318 (February 4, 2022).

This form must be completed in accordance with the Township’s Electronic Meeting Accommodation Policy (“Policy”) to show a person is a qualified individual with a disability entitled to a reasonable accommodation while attending Township public meetings.

Approval Process for Accommodation Request

An Accommodation Request (Disability) should be submitted forty-eight (48) hours in advance of the first meeting the person is requesting accommodation to attend.

Whether a person’s medical condition is an ADA Title II qualifying disability that entitles them to meet remotely is a fact-dependent inquiry and will be analyzed on a case-by-case basis. **Information submitted to substantiate a request for accommodation under Section 3(A)(2) of the Policy will be safeguarded by the Township Human Resource Director as confidential medical information to the extent provided by law.** The Township Human Resource Director will determine whether an individual is entitled to an accommodation under Section 3(A)(2). If a Section 3(A)(2) accommodation request is denied, the requestor may appeal the initial determination to the Township Manager. If an apparent conflict of interest prevents the Township Manager from hearing an appeal, the appeal will be heard by the Township Supervisor.

Once granted an accommodation will remain in effect until it is withdrawn by the accommodated person or until the Township can no longer accommodate the member’s electronic participation under the Open Meetings Act. It is an accommodated person’s sole responsibility to inform the Township if they cease to have a qualifying disability that enable their electronic participation

Note: Applicants for accommodation are not entitled to their accommodation of choice, but an accommodation that will allow them to fully participate in the electronic meeting.

Complete Accommodation Request (Disability) Form shall be submitted to:

Abigail Tithof
Human Resources Director
Charter Township of Meridian
5151 Marsh Road
Okemos, MI 48864
(517) 853-4210
tithof@meridian.mi.us

Health Care Provider Role

Township decision makers need your professional judgement concerning this applicant for accommodation’s health status and related needs. Your answers to the following questions should include an assessment of applicant for accommodation’s health risks from attending an in-person meeting open to the public at the Township. Please consider the applicant for accommodation’s unique medical profile, the latest information on vaccine efficacy, and other safety practices available to the applicant for accommodation. Impacts must go beyond the typical stress or nervousness that most people are expected to feel in readjusting to an in-person experience.

Application for Accommodation Information:

Name:		Email Address:	
Address:			
City:	State:	Zip:	Telephone No.:
Is the Applicant a Member of a Township public body? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Certifying Professional

Certifying Professional’s Printed Name:

Credentials/Specialization:

License Type:

License #:

State:

Exp. Date:

Required Information

1. Date of patient’s last appointment.
2. List major life functions impacted by the patient’s medical condition/disability (e.g., the ability to sit or stand, see, feel, taste, smell, or have a well-functioning immune system).
3. How often does the patient receive treatment?
4. Estimated end date and circumstances you believe need to change for the patient to attend in-person meetings with members of the general public.

5. Describe why the patient's disability/medical condition would be negatively impacted if they attend in-person meetings with members of the general public. In what ways would disability/medical condition be exacerbated?

6. How would remotely attending meetings with members of the general public benefit and mitigate the negative impacts experienced by the patient's disability in ways that go beyond the typical benefits any individual receives from attending meetings remotely?

7. Why do you believe that remote participation is essential for the patient to effectively participate in local government?

8. Are there any other accommodations the Township could provide to allow the patient to attend a public meeting safely and effectively in person?

Please print this document, sign, and date below. Send directly to the Township Human Resources Director by mail or email using information on page one.

Certifying Professional's Signature

Date