

ST. BERNARD PORT, HARBOR AND TERMINAL DISTRICT

MEETING PARTICIPATION BY DISABLED INDIVIDUALS

It is the policy of the St. Bernard Port, Harbor and Terminal District to facilitate participation in its public meetings by members of the public with disabilities recognized by the Americans with Disabilities Act by telephone and to fully comply with Louisiana Revised Statutes 42:14E and 17.2.1. Accordingly:

A. Telephone Participation in Meetings by Members of the Public with Disabilities.

1. If any member of the public who has a condition which meets the definition of a disability under the Americans with Disabilities Act wishes to participate in a public meeting of the St. Bernard Port, Harbor and Terminal District or any committee thereof, such person, or a designated caregiver of such person, shall contact the port's administrative office at 100 Port Blvd. Chalmette, LA 70043 at least three business days in advance of the meeting and request that such participation by telephone be arranged.
2. The disabled individual shall provide the staff with necessary information regarding the nature of the disability so that the means of telephone participation can be determined. Please see the attached Americans with Disabilities Act Open Meetings Law Participation Application.
3. The staff shall then arrange for a telephone conference call at the time of the meeting and provide the information regarding such call to the disabled person or designated caregiver.
4. In the event that the nature of the disability of the person requesting telephone participation is such that assistance in participation by telephone may be required by means such as TTY, Voice Carry Over (VCO), Hearing Carry Over (HCO), Speech-to-Speech (STS), or Visually Assisted Speech-to-Speech (VA STS), the port's staff will provide information concerning the free services of Louisiana Relay and the link to its website for such services at <https://hamiltonrelay.com/louisiana/index.html>.
5. At the designated time for the meeting the staff will initiate the conference call as the host to allow members of the public with qualifying disabilities or their designated caregiver or Louisiana Relay, as the case may be, to initiate participation in the conference call.

B. Telephone Participation in Meetings by Board Members of St. Bernard Port, Harbor and Terminal District with Disabilities.

1. In the event that any member of the St. Bernard Port, Harbor and Terminal District who has a condition which meets the definition of a disability under the Americans with Disabilities Act wishes to participate in a meeting of Board of St. Bernard Port, Harbor and Terminal District or a committee thereof, by telephone, the policy outlined in the preceding section shall also apply.
2. In the event of participation by telephone in a meeting of St. Bernard Port, Harbor and Terminal District or one of its committees by a member who is qualified to so participate pursuant to La. R.S. 42:17.2.1, said member's participation in that manner shall count in the determination of whether a quorum exists, the member shall be entitled to vote on any matters on the agenda, and the member shall be entitled to receive a per diem. The meeting chairperson shall ensure that the member or members participating by telephone and voting on any matter on the agenda shall have their voting decision recorded during each vote and recorded in the minutes and archive of the meeting.

C. A copy of this policy shall be posted on St. Bernard Port, Harbor and Terminal District's website.

Policy Approved and Promulgated Effective: January 1, 2024.



ST. BERNARD PORT, HARBOR AND TERMINAL DISTRICT

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Thomas B. Ajubita
Ronald J. Alonzo, Jr.
Walter J. Cure, IV
David L. Kenney, Jr.

Americans with Disabilities Act (ADA) Open Meetings Law Participation Application

(in accordance with LA R.S. 42:14E, 42:17.2 and 17.2.1)

Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Describe the nature, extent and duration of your disability:

Describe the accommodations you believe are needed to enable you to participate in a meeting:

Attach any supporting documentation that may be helpful in evaluating this request for accommodations:

I authorize the use of the above information regarding my disability to St. Bernard Port, Harbor and Terminal District's Administration as deemed necessary to facilitate this request for accommodation.

Signature: _____

Date: _____