Section 504 Transition Plan

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Recipient: |  | Date of Transition Plan: |  |
| Name of Project/ Program/Activity: |  |  |

|  |  |  |
| --- | --- | --- |
| Project Facilities Needing Modification | Status/Timeline for Completion | Date Completed |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |