THE FOLLOWING ORDINANCE WAS MOVED FOR INTRODUCTION BY COUNCIL MEMBER DANIELSON AND SECONDED FOR INTRODUCTION BY COUNCIL MEMBER

ORDINANCE NO. 23-36

AN ORDINANCE OF THE CITY COUNCIL OF THE CITY OF MANDEVILLE CREATING SECTION 2.10 OF THE CODE OF ORDINANCES OF THE CITY OF MANDEVILLE, PARTICIPATION IN OPEN MEETINGS AND PROVIDING FOR OTHER MATTERS IN CONNECTION THEREWITH

WHEREAS, the City Council encourages public participation during all of its public meetings and desires to establish policies and procedures consistent with State Law; and

WHEREAS, Act 393 of the 2023 Regular Session amended La. R.S. 42:17.2.1 and 42:14(E) to require public bodies to accommodate members of the public with a disability recognized by the Americans with Disabilities Act (ADA) such that those members of the public can participate during the open meetings; and

WHEREAS, the City Council desires to provide viable alternative methods for members of the public with an ADA recognized disability participation in public meetings; and

BE IT ORDAINED by the City Council of the City of Mandeville that Section 2.10 of the Code of Ordinances of the City of Mandeville be enacted to provide as follows:

Sec. 2-10 Rules for Remote Participation in Open Meetings by Those with ADA-Recognized Disabilities

1. Members with ADA-Recognized Disabilities

- a. Any member of the public with an ADA-recognized disability, who seeks accommodation to participate and vote in an open meeting of the municipality, or any member of the public with an ADA-recognized disability who seeks accommodation to observe and participate in an open meeting of the City of Mandeville, shall complete an application for participation and a medical certification of disability on forms provided by the City of Mandeville.
- b. For members of the public who are granted accommodation for ADA-recognized disabilities pursuant to this section, the City of Mandeville shall inform a member of the public of the means by which they or their designated caregiver may observe and participate in the open meeting whether by teleconference or video conference or other viable alternative methods- including the means by which they may submit public comments on agenda items prior to and/or during the open meeting.

- c. For any meeting in which a councilman with ADA-recognized disabilities will participate remotely, the City of Mandeville shall post the agenda for the meeting in accordance with the Louisiana Open Meetings Law.
- d. Members of the municipal governing body who receive accommodation pursuant to this section for an ADA-recognized disability shall be allowed to participate by electronic means in an executive session convened in accordance with Louisiana's Open Meetings Law. In no instance, however, shall any member of the public be allowed to observe or participate in an executive session of the governing body.
- e. The meeting's presiding officer shall ensure that each person participating in the meeting is properly identified and that all parts of the meeting (excluding executive sessions) are clear and audible to all participants. The vote of every member of the governing body, including those participating by electronic means, shall be clearly identified and recorded in the minutes of the meeting.
- f. If a technical problem impairs the ability of the disabled member of the public or disabled member of the public body to participate in the meeting, the meeting shall be recessed until the problem is resolved. If the technical issue is not resolved within one hour, the meeting shall be adjourned, and the presiding officer will use all reasonable means to notify all participants of that fact.

BE IT FURTHER ORDAINED that the forms contemplated by Section 2-10 (1) (a) are the forms attached hereto as Exhibits 1 and 2;

BE IT FURTHER ORDAINED that this Ordinance shall take effect immediately upon the signature of the Mayor of Mandeville; and

BE IT FURTHER ORDAINED that the Clerk of this Council be and she is hereby authorized and empowered to take any and all actions which she, in the exercise of her discretion, deems necessary to promulgate the provisions of this ordinance.

The ordinance being submitted to a vote, the vote thereon was as follows:

| FOR: | 0 |
|-------------------|---|
| AGAINST: | 0 |
| ABSTENTIONS: | 0 |
| ABSENT: | 0 |
| and the Ordinance | e was declared adopted this the TH day of, 2023. |
| Kristine Scherer | Jason Zuckerman |
| Clerk of Council | Council Chairman |

Exh.b.t 1

Application for Members of the Public to Participate Remotely in Public Meeting and Medical Certification of Disability

| Applicant Information | Caregiver Information (if Caregiver will attend meeting on behalf of Applicant) | | |
|--|---|--|--|
| Applicant Full Name | Caregiver Full Name (if applicable) | | |
| Applicant Address | Caregiver Address | | |
| Applicant Cell Phone Number | Caregiver Cell Phone Number | | |
| Applicant Email Address | Caregiver Email Address | | |
| Meeting/Agenda Information | | | |
| Name, date, and time of meeting | Agenda item that you wish to provide comment | | |
| Have you been diagnosed with a disability rec | ognized by the Americans with Disabilities Act? | | |
| Are you currently diagnosed with this disability | ty? | | |
| How does the functional limitation caused by your disability affect your ability to attend the public meeting? | | | |

| am aware that submitting false or incomplete information on this form may subject me to enalties, including that I may be found ineligible to participate remotely in public meetings. | | | |
|--|--|--|--|
| I hereby designateon my behalf. | (name of caregiver, if applicable) to attend | | |
| Applicant Signature (or mark if unable to sign) | Date of Signature (mm/dd/yyyy) | | |
| Caregiver Signature (if applicable) | Date of Signature (mm/dd/yyyy) | | |

Exhibit 1

Certification of Medical Professional

| 1. | Ι, | _ (Medical | Professional's |
|---------------|---|----------------|-------------------|
| | Name), am a medical professional and am currently licensed to practice in the United States | | |
| | of America in the field of | | · |
| 2. | My address is | | |
| 3. | My office telephone number is | | · |
| 4. | I have examined and am familiar with | | |
| | (name of applicant). | | |
| 5. | I confirm that(name | ne of applican | t) has a current, |
| | clinical diagnosis of a disability that is recognized by the Ar | nericans with | Disabilities Act. |
| 6. | I confirm that this diagnosis would affect the ability of | | |
| | (name of applicant) to attend a public meeting in person. | | |
| | | | |
| Gi | ignature of Medical Professional Date of | Signature (m | |
| 215 | Eliature of Medical Liolossional Date of | . ~1511acar | |



Application for Councilmen to Participate Remotely in Public Meeting and Medical Certification of Disability

| Name of Councilman: | |
|---|--|
| Meeting(s) for which you are requesting remote ac | cess accommodation: |
| | |
| | |
| Have you been diagnosed with a disability recogni | zed by the Americans with Disabilities Act? |
| Are you currently diagnosed with this disability?_ | |
| How does the functional limitation caused by your and vote during and in-person public meeting? | disability affect your ability to participate in |
| | |
| | |
| I am aware that submitting false or incomplete penalties, including that I may be found ineligibl understand that my virtual attendance will be coun other applicable provisions of Louisiana's Open M | e to participate remotely in public meetings. I ted toward a quorum and that I am subject to all |
| Councilman Signature | Date of Signature (mm/dd/vvvv) |

Certification of Medical Professional

| 1. | I, | (Medical | Professional's | |
|----|---|----------------------|----------------|--|
| | Name), am a medical professional and am currently licensed to practice in the United States | | | |
| | of America in the field of | | • | |
| 2. | My address is | | · | |
| 3. | My office telephone number is | | · | |
| 4. | I have examined and am familiar with(name of applicant). | | | |
| 5. | I confirm that clinical diagnosis of a disability that is recognized by | | | |
| 6. | I confirm that this diagnosis would affect the ability of | | | |
| | (name of applicant) to participate in and vote at a file | oomig iii person. | | |
| Si | gnature of Medical Professional | Date of Signature (m | m/dd/yyyy) | |