Policy Driven Adoption for Accessibility (PDAA)
Additional Information Request

Vendor Name:	**Submitter Name :**		**Date:**
Email:		**Phone:** ( )	
Address:	**City:**	**State:**	**ZIP:**

The following information regarding your organization's ICT Accessibility Policy is requested to better understand its ability to produce accessible ICT. Complete this form and return to the requesting Texas state agency or other organization as identified. You may direct any questions regarding this request to the agency's procurement office or requester.

1. **Provide a copy of, or link to your organization's ICT Accessibility Policy**

2. **Provide information regarding the organizational structure of your companies ICT Accessibility Program. (where the function(s) is located within your organization, title of program head, centralized vs. distributed personnel, etc.):**

3. **Describe or provide documentation on key business processes that have ICT accessibility integrated into them. (Examples are, but not limited to product development, procurement, HR, etc.):**

4. **Describe your organizations corrective actions process(es) or system(s) for documenting, tracking, and resolving accessibility issues / defects:**

5. **Describe alternate methods for ICT products that are not compliant with accessibility technical standards. (example: 24/7 1-800 support number):**

5. **Describe the resources that your organization has on board or contracts with regard to ICT accessibility with respect to skills, training, and tools used to produce ICT offerings:**

7. **Describe the process by which VPATs or other accessibility documentation are produced:**