

Application for Reasonable Accommodation Funds

A "reasonable accommodation" refers to a:

- Modification or adjustment to a job application process that enables a qualified applicant with a disability to be considered for the position.
- Modification or adjustment to the work environment in which a position is customarily performed that enables a qualified individual with a disability to perform the essential functions of that position.
- Modification or adjustment that enables employees with disabilities in a particular organization to enjoy the same benefits and privileges as the organization's non-disabled employees.

A. Background Information

Organization Name:

Program Name:

Address:

Telephone Number:

Program Director:

Site Supervisor:

Program receives funding as (check as appropriate):

- ☐ AmeriCorps National/Direct ☐ AmeriCorps Education Award Only ☐ AmeriCorps State
☐ AmeriCorps VISTA ☐ Senior Corps

B. Status of Individual with Disability

- ☐ Applicant for National Service position ☐ Current National Service member
☐ Current employee covered under National Service Grant

Primary service environment (check as appropriate):

- ☐ Office ☐ Outdoors ☐ Home ☐ School ☐ Other _____

C. Barriers Resolution

1. Please describe the primary service functions to be performed by the person with a disability. In addition, please attach the National Service Position Description.

2. Has the original service description been modified to outline the essential functions? Please explain.

3. Please describe any alternative funding options you have explored.

4. What role, if any, did the individual with a disability have in identification of barriers and possible solutions and the consideration of other accommodation options?

D. Request for Funds

1. Identify the reasonable accommodation needed and describe how it will enable the individual to perform essential functions.

2. What is the cost of the reasonable accommodation?

3. Over what period of time will reasonable accommodations be required?

Please indicate the total cost of the reasonable accommodation requested over a period of year:

☐ Less than \$50 ☐ \$50 to \$99 ☐ \$100 to \$499 ☐ \$500 to \$999 ☐ \$1,000 or more

Please itemize costs.

**Please provide cost two
cost estimates.**

E. Cost Sharing (Cost sharing is the participation in an endeavor by one or more funding partners)

1. Has the program considered cost sharing? If so, please describe.

2. Will more than one person benefit from the reasonable accommodation(s) to be provided? If yes, please describe.

3. What measures will be used to determine if the reasonable accommodation(s) was/were effective for the individual with a disability?

F. Ensuring Service During Accommodation Request Process

1. Describe how the program will ensure proper accommodations are made for the member while the reasonable accommodation is being processed, purchased, and developed.