



Grand Forks - East Grand Forks Metropolitan Planning Organization

REQUEST FOR REASONABLE ACCOMMODATIONS

			Date	
PART 1				
Name			Daytime Telephone Number	
Street/Mailing Address		City	State	Zip Code
Preferred Method of Contact <input type="checkbox"/> Day Phone <input type="checkbox"/> Email <input type="checkbox"/> USPS			Email Address	
Type of Event:				
<input type="checkbox"/> Public Meeting/Public Hearing				
<input type="checkbox"/> Training				
<input type="checkbox"/> Other (Specify) _____				
Date of Event	And/or	Date Needed	Location of Event	

PART II: LIMITED ENGLISH PROFICIENCY (LEP)

<input type="checkbox"/> Yes <input type="checkbox"/> No Do you need language assistance for LEP?
Language Assistance
<input type="checkbox"/> Oral Interpretation (specify language) _____
<input type="checkbox"/> Written Translation (specify language) _____
Name of Documents

PART III: AMERICANS WITH DISABILITIES ACT (ADA)

<input type="checkbox"/> Yes <input type="checkbox"/> No Do you need an accommodation for a disability?
Types of Accommodation
<input type="checkbox"/> Interpreter for deaf (specify ASL, tactile, etc.) _____
<input type="checkbox"/> Assistive listening device (specify) _____
<input type="checkbox"/> Physical location accessible for persons with a physical mobility impairment

Other (specify) _____

Nature of Disability (Medical documentation may be requested)

Physical Mobility Impairment (specify) _____

Speech Impairment (specify) _____

Visual Impairment (specify) _____

Hearing Impairment (specify) _____

Other (specify) _____

Alternative Format (Indicate first, second, third choice if possible)

Date Needed: _____

Braille

Large Print (font point size) _____ Audio Recording – MP3 _____

Other (specify) _____ CD/Flash Drive _____

Name of Documents

For Office Use Only

The accommodation request is:

Granted as requested Granted with change - see additional info Denied - see additional info

INSTRUCTIONS

General:

1. Requests for Reasonable Accommodations can be made by completing this form. If you prefer to complete this form electronically, go to the Grand Forks/East Grand Forks Metropolitan Planning Organization's website at <http://www.theforksmpo.org>
2. You may submit the completed form by Email to: info@theforksmpo.org

Mail to: GRAND FORKS/EAST GRAND FORKS MPO
P.O. BOX 5200
GRAND FORKS, ND 58206-5200
3. If you need assistance to complete the Request for Reasonable Accommodations form, please contact Earl Haugen, Executive Director, GF-EGF MPO at (701) 746-2660 or earl.haugen@theforksmpo.org. TTY users may use Relay North Dakota at 711 or 1-800-366-6888.
4. Appropriate provisions will be considered when the GF-EGF MPO is notified at least 10 days prior to the meeting date or 15 days prior to the date the written comments or grant applications are due. • Requests should be made as soon as possible • Converting printed material may take several weeks.
5. The GF-EGF MPO will contact you to discuss your request.

PART I

Complete all information in this section.

PART II: Limited English Proficiency (LEP)

Check all boxes that apply to the type of language assistance that you are requesting.

PART III: Americans with Disabilities Act (ADA)

Check all boxes that apply to the accommodation(s) that you are requesting.