Northern Illinois University
Centralized Disability Accommodations (CDA) Fund
Request Form for Students

Northern Illinois University (NIU) provides students with reasonable accommodations in the University environment who have officially documented a disability per the policies of the Disability Resource Center (DRC). If the accommodation requires the purchase of a one-time, unique, or difficult to predict accommodation, and the purchase has an associated dollar cost for providing such an accommodation, NIU will assist the department or the DRC with funds to provide the accommodation. The department or the DRC will be responsible for paying the first $500.00 of the accommodation and all costs beyond the first $500.00 could be funded via this policy for each accommodation. Financial assistance for one-time, unique, or difficult to predict accommodations from this fund are contingent upon available University funds and can be terminated or denied at the University’s discretion. Personal costs and NIU building modifications associated with a student’s accommodation(s) are exempt from this policy.

The Centralized Disability Accommodations (CDA) Fund was established to assist with the cost of providing reasonable workplace accommodations for employees. If CDA funds are approved, the department will be responsible for the first $1,000.00 of the cost of the accommodation and the CDA fund will cover the remaining cost of the accommodation up to a maximum of $10,000.00. Other restrictions may apply and are outlined in the Policy.

This form must be approved by the applicable Dean and/or Division Vice President and forwarded to the ADA Coordinator for review. Approval is contingent upon available NIU funds which can be terminated or denied at NIU discretion. Personnel costs and NIU building modifications associated with an employee request for an accommodation are exempt from this policy.

Last Name ___________________________ First Name ___________________________ Middle Initial ___________________________

☐ Undergraduate ☐ Graduate ☐ Doctoral

Student ID Number ___________________________

Department Requesting Funds: ___________________________ Chair and/or Director: ___________________________

Description of the One-Time, Unique, or Difficult to Predict, Purchase(s): (Attach copies of equipment description and vendor information)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Total Initial Cost of Accommodation(s): ___________________________ Total CDA Fund Request: ___________________________

The signatures below approve the purchase of the costs listed above and the appropriate costs associated with this purchase for the accommodation(s):

Department Chair/Director ___________________________ Date ___________________________

Dean or Division Vice President ___________________________ Date ___________________________

Associate Vice President for Administration and HR Compliance, Title IX Coordinator ___________________________ Date ___________________________

Assistant Vice President for Student Affairs, Section 504 Compliance Officer ___________________________ Date ___________________________

Department Financial Cost Center ___________________________

Contact Person:
Name ___________________________
Phone ___________________________
Email ___________________________