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	s:	Chair and	d/or Director:
Description of the One-Time,	Unique, or Difficult to	Predict, Purchase(s): (Attach copies of equipment description and vendor informat
Total Initial Cost of Accommod	dation(s):	То	tal CDA Fund Request:
Total Initial Cost of Accommo	dation(s):	То	tal CDA Fund Request:
			tal CDA Fund Request: d the appropriate costs associated with the
The signatures below approve			<u> </u>
The signatures below approve			<u> </u>
The signatures below approve for the accommodation(s):	e the purchase of the	costs listed above and	d the appropriate costs associated with th
The signatures below approversity for the accommodation(s): Department Chair/Director	e the purchase of the	costs listed above and	d the appropriate costs associated with the Department Financial Cost Center Contact Person: Name
The signatures below approversity for the accommodation(s): Department Chair/Director	e the purchase of the	costs listed above and	d the appropriate costs associated with the Department Financial Cost Center Contact Person: Name Phone
The signatures below approve for the accommodation(s): Department Chair/Director Dean or Division Vice Preside	e the purchase of the	costs listed above and Date Date	d the appropriate costs associated with the Department Financial Cost Center Contact Person: Name Phone
The signatures below approve for the accommodation(s): Department Chair/Director Dean or Division Vice Preside Associate Vice President for A	e the purchase of the int Administration and dinator	costs listed above and Date Date	d the appropriate costs associated with the department Financial Cost Center Contact Person: Name Phone