



Grand Forks - East Grand Forks Metropolitan Planning Organization

REQUEST FOR REASONABLE ACCOMMODATIONS

North Dakota Department Of Transportation, Civil Rights
SFN 60135 (2-2016)

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)

Yes No Do you need language assistance for LEP?

Language Assistance

Oral Interpretation (specify language) _____

Written Translation (specify language) _____

Name of Documents

PART III: AMERICANS WITH DISABILITIES ACT (ADA)

Yes No Do you need an accommodation for a disability?

Types of Accommodation

Interpreter for deaf (specify ASL, tactile, etc.) _____

Assistive listening device (specify) _____

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:

<https://theforksmpo.wordpress.com/title-vinon-discrimination-and-ada-program-forms-policies-reports-and-guidelines/>

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.