# **AmeriCorps Member Disability Accommodation Off Set Grant Request Form**

Overview  
Grantee organizations are responsible for providing reasonable accommodations for their AmeriCorps members. The funds that AmeriCorps State and National provides toward accommodation are intended to offset a grantee’s costs and the pool of funds is awarded on a first come, first serve basis.

Due Date  
Requests must be submitted by **August 29, 2025**.

Instructions  
Please provide all the requested information and a receipt to ensure timely processing of your request. Requests are incomplete unless a receipt is attached.

1. Name of Grantee:
2. Grant Number:
3. Organization Single Point of Contact Name for Request:
4. Single Point of Contact Email Address:
5. Single Point of Contact Telephone Number:
6. Attention to and address to which the check should be remitted:   
   **Important note: The prime applicant must indicate knowledge and approval of the accommodation reimbursement request. All payments will be made to the prime grantee only.**
7. Name of the subgrantee/operating site; if applicable:
8. Grant number of the subgrantee/operating site; if applicable:
9. Member National Service Participant ID (NSPID) number(s):
10. Type of Disability:
11. Type of Accommodation:
12. Please provide a brief statement as to how the accommodation helps the member(s) achieve full participation in their service assignment(s):
13. What organization and outside community resources were consulted in securing funding for or arranging accommodation, such as coordinating with the Department of Vocational Rehabilitation? Please describe:
14. Requested Reimbursement Amount: $ \_\_\_\_\_\_\_\_\_
15. Is this a one-time reimbursement request or a quarterly request for multiple reimbursements?  
    One-time \_\_\_\_\_ Quarterly \_\_\_\_\_  
    Please batch multiple requests into quarterly submissions with an itemized summary.
16. If this is not a one-time request and you foresee batching receipts on a quarterly basis, what is your projected cost for the fiscal year for this member. Please provide cost, not a range: $\_\_\_\_\_\_\_\_\_\_\_

Submitting the Request  
The completed request form and receipt must be submitted via secure, encrypted email to [Accommodations@americorps.gov](mailto:Accommodations@americorps.gov) and copy [RDavis@americorps.gov](mailto:Rdavis@americorps.gov) with the organization name and the NSPID in the email subject line.

Reimbursement Process  
Reimbursement payments will be made on a first-come, first-served basis until funds are exhausted once a completed request form is submitted with attached receipts.