**INSTRUCTIONS**

1. Complete all relevant fields of this form.
2. Attach a cover sheet to this form, which describes the costs associated with the reasonable accommodation request and explains the rationale for providing the requested accommodations.
3. Obtain the required signatures at the bottom of this form (e-signatures are acceptable).
4. Submit the completed form to the Massachusetts Office on Disability at MOD-RACRA@mass.gov. If approved, MOD will forward the form to the Executive Office for Administration and Finance.

**Contact information**

|  |  |
| --- | --- |
| **Agency** |       |
| **Agency FY Operating Budget** |       |
| **Agency Head** |       |
| **Agency ADA****Coordinator** |       |
| **Address** |       |
| **City** |        |
| **State** |     |
| **Zip Code** |       |
| **Telephone** |       |
| **E-mail** |       |
| **CFO/Budget Director** |       |

**EMPLOYEE ACCOMMODATIONS**

|  |  |  |
| --- | --- | --- |
| **Description of Accommodations Granted** | **Number of Employees Accommodated** | **Costs** |
| **Technology** |       |       |
| **Office Environment/Equipment** |       |       |
| **Building Features (entrances, bathrooms, etc.)** |       |       |
| **Other (specify)**   |       |       |

|  |  |  |
| --- | --- | --- |
| **Description of Accommodations Pending** | **Number of Employees Accommodated** | **Costs** |
| **Technology** |       |       |
| **Office Environment/Equipment** |       |       |
| **Building Features (entrances, bathrooms, etc.)** |       |       |
| **Other (specify)**  |       |       |

**SIGNATURES & ATTESTATION**

By signing below, I attest that all RACRA funds received pursuant to this application will be spent within the current fiscal year, or, if not feasible, by the following date: \_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Head Date Agency ADA Coordinator Date

By signing below, I APPROVE this RACRA Application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOD Representative Date ANF Representative Date