



ONI ACCOMODATIONS FUND REQUEST FORM



Today's Date: _____

Name of Requestor: _____

Name of Program or Organization: _____

Name of Event, if applicable: _____

Date(s) of Accommodations Needed: _____

How many people do you anticipate will benefit from this accommodation? _____

Anticipated Amount Needed for Accommodation: _____

How is this request core to ONI program objectives or grant agreements?

Explanation of Need for Funds:

Type of Request? (Check all that apply)

Childcare

Disability related

Translation

Interpretation

Transportation

Other: _____

Please include attachments such as cost estimate or invoice if available.

Please submit by email to: oniaf@portlandoregon.gov by fax to: 503-865-3239 OR by mail to:
ONI Attn: Accommodations Fund 1221 SW 4th Ave Rm 110 Portland OR 97204