

Code Enforcement

DISABILITY ACCESS IMPROVEMENT GRANT APPLICATION

You may apply for a grant to help make your nonresidential site and building accessible to individuals with disabilities. Before you begin, please read the grant information and contract at www.sanjoseca.gov/ADAGrant.

Note: A submitted application does not obligate the City of San José to award a grant. The City reserves the right to modify or terminate this grant opportunity at any time or to reject any grant application for failure to meet all conditions for grant award or lack of available funding.

Para información en español, envíe un correo electrónico a Juan Borrelli: juan.borrelli@sanjoseca.gov

Để biết thông tin bằng tiếng Việt, gửi email cho Xuân Hà: xuan.ha@sanjoseca.gov

INSTRUCTIONS

Use this application form to apply for both or either phase of funding. This is a computer-fillable PDF form. See the instructions at Digital Forms and Signatures.

HOW TO SUBMIT: Schedule a virtual appointment to submit your application package by emailing our staff. For assistance, email juan.borrelli@sanjoseca.gov.

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WHAT TO SUBMIT. For the virtual appointment on Zoom, please have the following ready as PDF files:			
□W-9, completed and signed.			
☐ Grant Application (this form, completed and signed)			
□ CASp Accessibility Compliance Grant Agreement, signed.			
\square Proof of payment for the CASp Report, such as a paid invoice or receipt.			
☐ If remedial work requires a permit, provide design plans as prepared and stamped by a licensed architect or licensed engineer. Provide plans in PDF format according to Electronic Plan Review File Format Requirements			
1. WHAT FUNDING ARE YOU APPLYING FOR? CHECK ALL THAT APPLY			
PHASE 1			
□ CASp inspection and report prepared by a private-sector certified CASp inspector			
☐ Fees for plan review, permit, and inspections (if a building permit is required)			
PHASE 2			
☐ Architect or Engineer design services for ADA barrier removal			
□ Improvement project			
☐ Construction or labor costs (you must itemize labor, installation, and materials).			
☐ Fixtures, furniture, and/or equipment			

□ CASp inspection and report if not covered by Phase 1 funding due to work not requiring a building permit.

☐ Final CASp inspection after work is completed to ensure compliance with accessibility laws.

2. APPLICANT & BUSINESS	INFORMATION	
APPLICANT NAME:	CHECK ONE:	l Owner □ Tenant □ Agent □ Other
PHONE NUMBER:	EMAIL ADDRESS	S:
BUSINESS NAME:	BUSINESS ADDR	RESS:
TYPE OF EXISTING BUSINESS CHECK ON ☐ Manufacturing ☐ Office ☐ Pe	NE: ersonal Service □ Restaurant/Bar □ R	etail □ Storage □ Other
# EMPLOYEES (include Owners):	Is an ADA Lawsuit pen	nding? 🗆 Yes 🗆 No
IF YOU ARE THE TENANT, NUMBER (OF MONTHS REMAINING ON LEASE:	
IF YOU ARE THE OWNER, NAME OF	TENANT, IF ANY:	# MONTHS, IF ANY, REMAINING ON LEASE:
3. PROJECT INFORMATION		
TOTAL EXISTING FLOOR AREA (SF):	INTERIOR AREA OF WORK (SF):	EXTERIOR AREA OF WORK (SF):
4. CONDITIONS FOR GRANT ELIG	BIBILITY & SIGNATURE	
I acknowledge the following:		
□I am a business, nonprofit, or no San José for at least one year fro	, ,	ating in San José and plan to remain in business ir
\square I have not previously received a	grant from the City of San José ADA	Access Improvement Grant program.
☐ As applicable, the quotes and in labor, and installation.	voices I am submitting are itemized	for equipment, fixtures, furniture, materials,
☐ The business receiving this grand of signature below.	t has employed no more than 50 em	ployees over the past three years from the date
☐ Any construction labor funded t including any applicable prevaili		in compliance with applicable San José labor laws
statement or omit information of	or materials required for the City to	if I knowingly make a false or misleading approve this application, or if I misappropriate ty of San José within 30 days of the City's demand
APPLICANT'S SIGNATURE	PRINT NAME	DATE [MM/DD/YYYY]

Please sign this form with a digital signature. For instructions, see <u>Digital Forms and Signatures</u>.