



**CITY OF SAN JOSE
SEWER LATERAL REPLACEMENT GRANT PROGRAM**

Please complete this application and submit to:

Department of Transportation
 Attention: Sewer Replacement or Repair Grant Program
 1404 Mabury Road
 San Jose, CA 95133

Include the following:

- This application form, completed and signed
- Proof of property ownership
- CCTV inspection in DVD format with date/time stamp
- Minimum of three (3) verifiable quotes obtained from properly licensed contractors

SECTION I: General Information	
1. Address:	
2. Property Owner Name:	
3. Property Owner Address: (If different from above)	
4. Property Owner Phone/Fax	
Home:	Work:
Cell:	Fax:
Email:	
<p align="center">I certify by signing this application that I am the legal owner of the property described herein. I am aware that until I receive a Contingent Award Letter from the City funding is not guaranteed. I have read the brochure discussing the requirement for the Sewer Lateral Replacement Grant Program commitment. Any repair work performed prior to receiving a Contingent Award Letter from the City of San Jose is performed at my own risk and cost and may not be funded.</p>	
Signature:	Date:
SECTION II: Site Information/Test/Inspection	
1. State the nature of the problem(s)	
<input type="checkbox"/> Tree Roots	<input type="checkbox"/> Collapsed Pipe
	<input type="checkbox"/> Cracked or misaligned pipe
Other. If other, please specify:	
2. Is there an insurance claim for this work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Date of CCTV inspection confirming damaged condition:	By:

4. Has proof of property ownership been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: The Grant Application will NOT be processed for grant reimbursement eligibility until the inspection, testing (if necessary) and price quotations have been submitted.	
SECTION III: Closed Circuit Televising Inspection (CCTV) Information and Price Quotations	
CCTV Contractor Name:	
Please submit at least three (3) price quotations from properly licensed contractors to the City for review. Copies of quotations are required at time of application submittal.	
1. Contractor Name:	Quotation: \$
Repair Methodology:	<input type="checkbox"/> Pipe bursting <input type="checkbox"/> Lining <input type="checkbox"/> Open trench
2. Contractor Name:	Quotation: \$
Repair Methodology:	<input type="checkbox"/> Pipe bursting <input type="checkbox"/> Lining <input type="checkbox"/> Open trench
3. Contractor Name:	Quotation: \$
Repair Methodology:	<input type="checkbox"/> Pipe bursting <input type="checkbox"/> Lining <input type="checkbox"/> Open trench
Please be advised: The City will review the price quotations for the reasonableness of the scope and cost. The City will use historical cost data to determine the reasonableness of price quotations. Additional estimate/quotations may be requested by the City.	
SECTION IV: Reserved for City	
Checklist: <input type="checkbox"/> Verify Property Owner and Address <input type="checkbox"/> Proof of Property Ownership <input type="checkbox"/> Utility Bill (PG&E) <input type="checkbox"/> Proof of Full Paid Contract <input type="checkbox"/> 3 Min Estimates/Quotations	Appropriation: _____ Fiscal Year: _____ LGA #: _____ Date Reviewed: _____ Approval Amount: _____
Commercial property operated by a non-profit organization: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Applicant received grant previously: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lowest Bid:	Total Paid Contract:
<input type="checkbox"/> Approved for Reimbursement; Amount: \$ _____ <input type="checkbox"/> Incomplete <input type="checkbox"/> Denied Notes:	