

CASp GRANT APPLICATION

Use this form to apply for a grant to help make your business site accessible to individuals with disabilities. Please read the grant information and the grant contract at bit.ly/SJAccessibleGrant before you proceed with this application.

Please note that a submitted application does not obligate the City of San Jose to award a grant. The City reserves the right to reject any and all applications, wholly or in part, at any time and without penalty.

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

You may complete this form on your computer (preferred), or please print clearly.

HOW TO SUBMIT: Schedule an in-person or virtual application submittal appointment by emailing xuan.ha@sanjoseca.gov OR juan.borrelli@sanjoseca.gov

WHAT TO SUBMIT. Please have ready the following in your application package. For an in-person appointment, please bring hard copies. For a virtual appointment, please have PDF files that you can email for all of the following:

- CASp Grant Application (this form, completed)
- CASp Report prepared by a private-sector certified CASp inspector; the report must comply with current California Building Codes.
- Proof of payment for the CASp Report, such as a paid invoice or receipt.
- Proof of the CASp Report payee, such as a copy of a check or credit card receipt.
- For in-person appointment, one set of building plans as prepared and stamped by a licensed architect or licensed engineer. For online appointment, provide plans in PDF format according to [Electronic Plan Review](#) guidelines.

APPLICANT & BUSINESS INFORMATION

APPLICANT NAME: CHECK ONE: Owner Tenant Agent Other

PHONE NUMBER:

EMAIL ADDRESS:

BUSINESS NAME:

BUSINESS ADDRESS:

TYPE OF EXISTING BUSINESS CHECK ONE:

- Manufacturing Office Personal Service Restaurant/Bar Retail Storage Other

EMPLOYEES (include Owners):

Is an ADA Lawsuit pending? 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:

TOTAL EXISTING FLOOR AREA (SF):

INTERIOR AREA OF WORK (SF):

EXTERIOR AREA OF WORK (SF):

DESCRIBE SCOPE OF WORK IN DETAIL (attach another sheet if necessary):