



STEVE GLAZER
REPRESENTING SENATE DISTRICT 07



Senate District 7 - ADU Accelerator Program | APPLICATION FORM

This new program, piloted by Senator Steve Glazer, will be composed of 15 cities in the East Bay of the San Francisco Bay Area located in Senate District 7. The program will be administered by the California Department of Housing and Community Development through the Town of Danville, acting as Fiscal Agent.

Program Eligibility: City/Town must have an adopted 2023-31 Housing Element that has been certified by the State of California Department of Housing and Community Development.

Biannual Reporting: Eligible recipients will be required to make Biannual Progress Reports which summarize the number of ADUs that have been permitted and finalized for the reporting period and cumulatively for the life of the program. Biannual Progress Reports will be filed with the Fiscal Agent, Town of Danville, at SD7.ADUProgram@danville.ca.gov

Application

- 1. Name of Agency: _____
- City Manager: _____
- Planning Director: _____

The persons listed above are designated to act on behalf of the participating agency for the SD7 ADU Accelerator Program.

2. Funding Type

Application for a "per capita" (select one):	Yes ___	No ___
Application for Excess Funds (select one):	Yes ___	No ___

3. Funding Request

a. Incentive Program

Amount Requested (from Attachment A): \$ _____

Projected ADU Production by September 30, 2026.

Unit Size	ADU Restriction Category	
	Low-Income Restricted	Non-Restricted
Less than 500 s.f.		
Less than 750 s.f.		
Less than 1,000 s.f.		

b. Permit Ready Prototype ADU Plans

Partnering with another eligible city/town? Yes ___ No ___

If yes, name of partnering city/town: _____

Amount Requested (from Attachment A): \$ _____

4. Total Funding Request (Section 3a plus 3b): \$ _____

Note: Receipt of ADU Accelerator Program funds is expected from State HCD by October 2024 and available for disbursement by November 2024.

I certify that I am authorized to accept ADU Accelerator Program funds on behalf of the City/Town of _____; and, that all funds will be utilized under my direction or supervision in accordance with the developed program guidelines.

City/Town: _____

City/Town Manager: _____

Signature: _____ Date: _____

Internal Use (Fiscal Agent)

- Incentive Program Funding Request ___ Approved by: _____ Date: _____
- ADU Plans Funding Request ___ Approved by: _____ Date: _____