

EXHIBIT D

OMB Number: 4040-0004
Expiration Date: 12/31/2019

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☐ New
☒ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

B-18-MC-06-0028

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

City of Napa

* b. Employer/Taxpayer Identification Number (EIN/TIN):

* c. Organizational DUNS:

0701583990000

d. Address:

* Street1: 955 School Street

Street2:

* City: Napa

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 94559

e. Organizational Unit:

Department Name:

Community Development Dept.

Division Name:

Housing Division

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mrs.

* First Name:

Lark

Middle Name:

* Last Name:

Ferrell

Suffix:

Title: Housing Manager

Organizational Affiliation:

* Telephone Number: (707) 257-9543

Fax Number:

* Email: lferrell@cityofnapa.org

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*** 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

U S Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.218

CFDA Title:

Community Development Block Grant

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

FY2018-2019 CDBG Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant	5th
* b. Program/Project	5th
Attach an additional list of Program/Project Congressional Districts if needed.	
	Add Attachment Delete Attachment View Attachment
17. Proposed Project:	
* a. Start Date:	07/01/2018
* b. End Date:	06/30/2019
18. Estimated Funding (\$):	
* a. Federal	617,176.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	35,480.00
* f. Program Income	65,518.00
* g. TOTAL	718,174.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
☐ a. This application was made available to the State under the Executive Order 12372 Process for review on	
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
☒ c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
☐ Yes ☒ No	
If "Yes", provide explanation and attach	
	Add Attachment Delete Attachment View Attachment
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
☒ ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix:	Mr.
* First Name:	Mike
Middle Name:	
* Last Name:	Parness
Suffix:	
* Title:	City Manager
* Telephone Number:	(707) 257-9501
Fax Number:	
* Email:	mparness@cityofnapa.org
* Signature of Authorized Representative:	
* Date Signed:	