

# EXHIBIT C

OMB Number: 4040-0004  
Expiration Date: 11/30/2025

## 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:

07/15/2025

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

B-24-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):

94-600380

\* c. UEI:

NC13XARFZ4K7

### d. Address:

\* Street1:

955 School Street

Street2:

\* City:

Napa

County/Parish:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

94559-0660

### e. Organizational Unit:

Department Name:

City Manager's Office

Division Name:

Housing Division

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

Prefix:

\* First Name:

Jonathen

Middle Name:

\* Last Name:

Sakamoto

Suffix:

Title:

Housing Supervisor

Organizational Affiliation:

\* Telephone Number:

(707) 257-9254

Fax Number:

\* Email:

jsakamoto@cityofnapa.org

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### Application for Federal Assistance SF-424

**\* 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:**

B-24-MC-06-0028

\* Title:

Community Development Block Grant

**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:**

Program Year 2025-2026 CDBG

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

## EXHIBIT C

Application for Federal Assistance SF-424	
<b>16. Congressional Districts Of:</b>	
* a. Applicant	CA-004
* b. Program/Project	CA-004
Attach an additional list of Program/Project Congressional Districts if needed.	
	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>17. Proposed Project:</b>	
* a. Start Date:	07/01/2025
* b. End Date:	06/30/2026
<b>18. Estimated Funding (\$):</b>	
* a. Federal	591,772.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	37,519.00
* g. TOTAL	629,291.00
<b>* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.	
<b>* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>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 18, Section 1001)</b>	
<input checked="" type="checkbox"/> ** 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.	
<b>Authorized Representative:</b>	
Prefix:	<input type="text"/>
* First Name:	Steve
Middle Name:	<input type="text"/>
* Last Name:	Potter
Suffix:	<input type="text"/>
* Title:	City Manager
* Telephone Number:	(707) 257-9501
Fax Number:	<input type="text"/>
* Email:	spotter@cityofnapa.org
* Signature of Authorized Representative:	<input type="text"/>
* Date Signed:	<input type="text"/>