

EXHIBIT C

OMB Number: 4040-0004
Expiration Date: 12/31/2022

Application for Federal Assistance SF-424								
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application			* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision			* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>		
* 3. Date Received: <input type="text"/>			4. Applicant Identifier: <input type="text"/>					
5a. Federal Entity Identifier: <input type="text"/>			5b. Federal Award Identifier: B-20-MW-06-0028					
State Use Only:								
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>						
8. APPLICANT INFORMATION:								
* a. Legal Name: City of Napa								
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/>			* c. Organizational DUNS: 0701583990000					
d. Address:								
* Street1: 955 School Street								
Street2: <input type="text"/>								
* City: Napa								
County/Parish: <input type="text"/>								
* State: CA: California								
Province: <input type="text"/>								
* Country: USA: UNITED STATES								
* Zip / Postal Code: 94559-2825								
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: <input type="text"/>		* First Name: Lark						
Middle Name: <input type="text"/>								
* Last Name: Ferrell								
Suffix: <input type="text"/>								
Title: <input type="text"/>								
Organizational Affiliation: <input type="text"/>								
* Telephone Number: (707) 257-9547		Fax Number: <input type="text"/>						
* Email: lferrell@cityofnapa.org								

EXHIBIT C

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 & Urban Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

B-20-MW-06-0028

* Title:

CDBG-CV

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:

CDBG-CV

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

EXHIBIT C

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="5th"/>	* b. Program/Project: <input type="text" value="CA-005"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="03/01/2020"/>	* b. End Date: <input type="text" value="12/31/2021"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="1,088,096.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="1,088,096.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<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.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (if "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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)	
<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.	
Authorized Representative:	
Prefix: <input type="text"/>	* First Name: <input type="text" value="Steve"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Potter"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="City Manager"/>	
* Telephone Number: <input type="text" value="(707) 257-9501"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="spotter@cityofnapa.org"/>	
* Signature of Authorized Representative: <input type="text"/>	* Date Signed: <input type="text"/>