

EXHIBIT D

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:

05/05/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

B-23-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):

94-6000380

* 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:

Stephanie

Middle Name:

* Last Name:

Gaul

Suffix:

Title:

Housing Manager

Organizational Affiliation:

* Telephone Number:

(707) 257-9628

Fax Number:

* Email:

sgaul@cityofnapa.org

EXHIBIT D

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-23-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 2023-2024 CDBG

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

EXHIBIT D

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-005

* b. Program/Project CA-005

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2023

* b. End Date: 06/30/2024

18. Estimated Funding (\$):

* a. Federal	583,765.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	125,520.00
* g. TOTAL	709,285.00

* 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 18, 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: * First Name: Steve

Middle Name:

* Last Name: Potter

Suffix:

* Title: City Manager

* Telephone Number: (707) 257-9501 Fax Number:

* Email: spotter@cityofnapa.org

* Signature of Authorized Representative:

* Date Signed: