

EXHIBIT D

OMB Number: 4040-0004

Expiration Date: 11/30/2025

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 checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> 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:		

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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:**

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](#)

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16. Congressional Districts Of:

* a. Applicant CA-005

* b. Program/Project CA-005

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

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

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:	<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"/>