

EXHIBIT D

OMB Number: 4040-0004

Expiration Date: 12/31/2022

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-20-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. 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:

* 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

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:

* 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:

FY2020-2021 CDBG Program

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

5th

* 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:

07/01/2020

* b. End Date:

06/30/2021

18. Estimated Funding (\$):

* a. Federal

590,446.00

* b. Applicant

* c. State

* d. Local

* e. Other

101,569.00

* f. Program Income

145,034.00

* g. TOTAL

837,049.00

* 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:

* 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: