

# EXHIBIT D

OMB Number: 4040-0004  
Expiration Date: 03/31/2029

Application for Federal Assistance SF-424	
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____	
<b>* 3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> _____
<b>5a. Federal Entity Identifier:</b> _____	<b>5b. Federal Award Identifier:</b> B-26-MC-06-0028
<b>State Use Only:</b>	
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
<b>8. APPLICANT INFORMATION:</b>	
<b>* a. Legal Name:</b> City of Napa	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-600380	<b>* c. UEI:</b> NC13XARFZ4K7
<b>d. Address:</b>	
<b>* Street1:</b> 955 School Street	_____
<b>Street2:</b>	_____
<b>* City:</b> Napa	_____
<b>County/Parish:</b>	_____
<b>* State:</b> CA: California	_____
<b>Province:</b>	_____
<b>* Country:</b> USA: UNITED STATES	_____
<b>* Zip / Postal Code:</b> 94559-0660	_____
<b>e. Organizational Unit:</b>	
<b>Department Name:</b> CRD	<b>Division Name:</b> Housing Division
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
<b>Prefix:</b> _____	<b>* First Name:</b> Jonathen
<b>Middle Name:</b> _____	
<b>* Last Name:</b> Sakamoto	_____
<b>Suffix:</b> _____	
<b>Title:</b> Housing Supervisor	
<b>Organizational Affiliation:</b> _____	
<b>* Telephone Number:</b> (707) 257-9254	<b>Fax Number:</b> _____
<b>* Email:</b> jsakamoto@cityofnapa.org	

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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. Assistance Listing Number:

14-218

### Assistance Listing Title:

Community Development Block Grant

### \* 12. Funding Opportunity Number:

B-26-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 2026-2027 CDBG

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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## Application for Federal Assistance SF-424

### 16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

### 17. Proposed Project:

\* a. Start Date:

\* b. End Date:

### 18. Estimated Funding (\$):

* a. Federal	<input type="text" value="573,349.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="22,673.00"/>
* g. TOTAL	<input type="text" value="596,022.00"/>

### \* 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:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed: