

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:

Rocklin, CA

5a. Federal Entity Identifier:

B-20-MC-06-0064

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

City of Rocklin

* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-6000408

* c. Organizational DUNS:

1486869130000

d. Address:

* Street1:

3970 Rocklin Road

Street2:

* City:

Rocklin

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95677-2720

e. Organizational Unit:

Department Name:

Community Development

Division Name:

Office of Long Range Planning and Housing

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

* First Name:

Laura

Middle Name:

* Last Name:

Webster

Suffix:

Title:

Director

Organizational Affiliation:

* Telephone Number: (916) 625-5592

Fax Number: (916) 625-5195

* Email: laura.webster@rocklin.ca.us

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:

United States 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-20-MC-06-0064

* Title:

Community Development Block Grant Program (CV-1 and CV-3)

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:

2020 Annual Action Plan

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant

CA-4

* b. Program/Project

CA-4

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:

06/30/2026

18. Estimated Funding (\$):

* a. Federal

463,302.00

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

463,302.00

*** 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:

Aly

Middle Name:

* Last Name:

Zimmermann

Suffix:

* Title:

City Manager

* Telephone Number:

(916) 625-5560

Fax Number:

* Email:

alyz@rocklin.ca.us

* Signature of Authorized Representative:

* Date Signed: