OMB Number: 4040-0004
Expiration Date: 11/30/2025

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [ ] Application
- [x] Changed/Corrected Application

* 2. Type of Application:
- [x] 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:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: County of Sonoma

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000539

* c. UEI: EB6LZJPCWEU3

d. Address:

* Street1: 141 Stony Circle, Suite 210

Street2:

* City: Santa Rosa

County/Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 95401-4104

e. Organizational Unit:

Department Name: Community Development Commissi

Division Name:

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

Prefix:

* First Name: Michelle

Middle Name:

* Last Name: Whitman

Suffix:

Title: Executive Director

Organizational Affiliation: Sonoma County Community Development Commission

* Telephone Number: 707-565-7504

Fax Number: 707-565-7583

* Email: michelle.whitman@sonomaCounty.gov

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County 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:

14.239

Assistance Listing Title:

Community Development Block Grant Coronavirus

*** 12. Funding Opportunity Number:**

B-20-UW-06-0008

* Title:

Community Development Block Grant Coronavirus

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:**

Fiscal Year 2020-2021 Action Plan for CDBG-CV Program serving Sonoma County Unincorporated Areas, Cotati, Cloverdale, Healdsburg, Rohnert Park, Sonoma, Sebastopol, and Windsor.

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: 2,4 | * b. Program/Project: 2,4

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 09/04/2020 | * b. End Date: 09/04/2026

18. Estimated Funding ($):

* a. Federal	2,963,500.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	2,963,500.00

*** 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:	Michelle
Middle Name:	
* Last Name:	Whitman
Suffix:	
* Title:	Executive Director
* Telephone Number:	707-565-7504
Fax Number:	707-565-7583
* Email:	michelle.whitman@sonomacounty.gov
* Signature of Authorized Representative:	
* Date Signed:	