

## 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:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** The City of Oklahoma City

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

736005359

**\* c. UEI:**

D3MUME8J5T25

**d. Address:**

**\* Street1:** 420 W. Main Street, Suite 920

**Street2:**

**\* City:** Oklahoma City

**County/Parish:**

**\* State:** OK: Oklahoma

**Province:**

**\* Country:** USA: UNITED STATES

**\* Zip / Postal Code:** 73102-4437

**e. Organizational Unit:**

**Department Name:**

Planning Department

**Division Name:**

Community Development Divison

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

**Prefix:**

Mr.

**\* First Name:**

Benjamin

**Middle Name:**

**\* Last Name:** Davis

**Suffix:**

**Title:** Community Development Division Manager

**Organizational Affiliation:**

The City of Oklahoma City

**\* Telephone Number:** (405) 297-1602

**Fax Number:**

**\* Email:** benjamin.davis@okc.gov

## 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:

14.241

CFDA Title:

PY25 Oklahoma City Housing Opportunities for Persons With AIDS

### \* 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:

Housing Opportunities for Persons With AIDS (HOPWA) Program Activities

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 03-05

\* 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: 07/01/2025

\* b. End Date: 06/30/2026

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

\* a. Federal 1,399,461.00

\* b. Applicant

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL 1,399,461.00

**\* 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: Mr.

\* First Name: David

Middle Name:

\* Last Name: Holt

Suffix:

\* Title: Mayor

\* Telephone Number: (405) 297-2424

Fax Number:

\* Email: Mayor@okc.gov

\* Signature of Authorized Representative:



\* Date Signed: 05/20/2025