

PART I - FACESHEET

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL & COMMUNITY SERVICE (CNCS): 4/1/02		3. a. DATE RECEIVED BY STATE: 4. a. DATE RECEIVED BY CNCS:	1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>										
5. APPLICANT INFORMATION		3.b. STATE APPLICATION IDENTIFIER: 4.b. CNCS GRANT NUMBER: 01SRNSD056											
LEGAL NAME: City of Rapid City ORGANIZATIONAL UNIT: Rapid City Area RSVP ADDRESS (give street address, city, county, state and zip code): 300 Sixth Street Rapid City, SD 57701		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Angelique Weeks TELEPHONE NUMBER: (605) 394 - 2507 FAX NUMBER: (605) 394 - 2508 INTERNET E-MAIL ADDRESS: Annie.Weeks@ci.rapid-city.sd.us											
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width: 20px;">4</td> <td style="width: 20px;">6</td> <td style="width: 20px;">-</td> <td style="width: 20px;">6</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">8</td> <td style="width: 20px;">0</td> </tr> </table>		4	6	-	6	0	0	0	3	8	0	7. TYPE OF APPLICANT: (enter appropriate letter in box) C	
4	6	-	6	0	0	0	3	8	0				
8. TYPE OF APPLICATION (Check appropriate box): <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District O. Other (specify) _____ H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Private Non-Profit Organization											
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: RSVP: 94.002 FGP: 94.011 SCP: 94.016 Senior Demonstration:		9. NAME OF FEDERAL AGENCY: Corporation for National & Community Service											
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.): Rapid City, Keystone, Pennington County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The R&SVP Helps People, Age 55 And Older, Put Their Skills And Life Experience To Work By Addressing Compelling And Critical Community Needs Through Service To Many Private And Or Organizations.											
13. PROPOSED PROJECT: START DATE: 07/01/02		END DATE: 06/30/03											
14. ESTIMATED FUNDING:		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?											
a. FEDERAL	\$	52,650.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW										
b. APPLICANT	\$	11,446.00											
c. STATE	\$	9,500.00											
d. LOCAL-County	\$	1,300.00											
e. OTHER	\$	38,033.00											
f. TOTAL	\$	112,929.00											
16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO													
17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.													
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Jerry Munson		b. TITLE: Mayor	c. TELEPHONE NUMBER: 605-394-4110										
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:			e. DATE SIGNED:										