

City of Rapid City  
Community Development Block Grant (CDBG) Program  
Application for Funding

A. General Information:

Agency Name: Dakota Plains Legal Services, Inc.  
Address: PO Box 727, Mission, SD 57555  
Address of Project: 528 Kansas City Street, Suite 1, Rapid City, SD 57709  
*(if different from above)*

Agency Director: Ronald D. Hutchinson Phone: (605) 856-4444  
Board President: Michael T. Swallow  
*(attach list of board members)*

B. Purpose of the organization: To provide access to justice under the law for low-income and elderly residents by providing high quality legal assistance in civil matters. Our clients include the elderly and victims of domestic violence.

C. History of the organization: DPLS, a private, non-profit community and legal services program, has provided civil legal assistance to low-income people since 1967.

D. Agency/Organization Goals: To provide high quality legal services to low-income clients in a wide range of areas and to provide community education and information to groups and individuals to enable them to make better informed decisions.

E. Program/Project Benefit:

1. Number of clients served during the last twelve (12) months: CDBG only = 529  
529
2. Number of clients served in Rapid City: CDBG only = Outside Rapid City: \_\_\_\_\_
3. Maximum number of clients your agency can serve at any one point in time: As needed
4. Does the agency have income eligibility requirements which limit services or activities exclusively to low/moderate income persons: Yes X No: \_\_\_\_\_
5. Does your agency serve any of the following specific groups of clientele? *(if "no" go to #6)*

<u>X</u> Abused and/or neglected children	<u>X</u> Homeless persons
<u>X</u> Elderly persons	<u>X</u> Disabled persons
<u>X</u> Battered spouse	<u>X</u> Illiterate persons
6. Does your agency require information on the following? *(if "no" go to #7)*

<u>X</u> Family size and income	
<u>X</u> Very low income (income below 30% of area median income)	
<u>X</u> Low income (income between 31% - 50% of area median income)	
<u>X</u> Above 80% of median income	

City of Rapid City CDBG Application  
Continued, page 2

7. If the benefits or service that your agency provides is open to all persons in the area regardless of income, list the boundaries of the entire area served. This can be census tracts, block groups, street boundaries, or other officially recognized boundaries:

Services must meet the low-income/family size requirement and client must live in DPLS' service area. Elderly clients do not have to meet income guidelines if seen under the SD Elderly Grant (OAA) funding.

8. If the project or activity for which CDBG funds are requested will create new or be used to improve permanent residential structures that will be occupied by low and moderate income households upon completion, please state how many will be:

Completed n/a      New n/a      Improved n/a

Will the rental amounts remain affordable as per HUD guidelines? Yes n/a      No: n/a

Will the program beneficiaries or participants be limited to low and moderate income households?      Yes X      No: \_\_\_\_\_

F. Fee schedule for services, if applicable, please attach: Services are at no cost to clients.

G. Purpose and description of program/project for which funds are requested:

DPLS is requesting funds for a public service project to support direct civil legal assistance, including services for the homeless, domestic violence victims and the elderly, all Rapid City residents who meet the income guidelines. Community education to groups in the area will also be provided.

H. Describe how funds will be used:

CDBG funds will be used for staffing costs (attorneys, paralegals, and support staff,) staff related expenses directly attributed to the provision of initial intake and subsequent legal assistance.

I. Please state program/project start and completion dates:

April 1, 2004 to March 31, 2005.

---

---

City of Rapid City CDBG Application  
Continued, page 3

**J. If funds requested are for building expansion, renovation or a new facility, please complete the following information: N/A**

Existing Liabilities Against the Property: \$ \_\_\_\_\_  
Appraised Value: \$ \_\_\_\_\_  
Property Insurance Agent: \_\_\_\_\_  
Amount of Insurance Coverage: \$ \_\_\_\_\_  
Project Cost Breakdown: \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

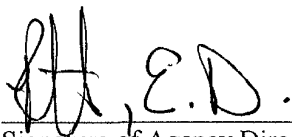
Cost Estimate Prepared By: \_\_\_\_\_  
Architect (if applicable): \_\_\_\_\_

**K. Funding sources for the program/project:**

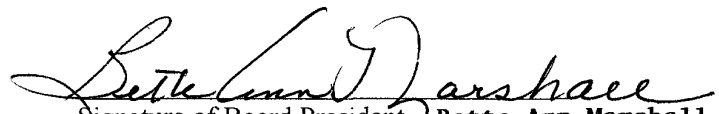
Community Development Block Grant Funds Requested \$ 20,000  
Other Funding Sources: \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**L. Financial Information:**

Please attach financial statement.

  
\_\_\_\_\_  
Signature of Agency Director

Date: 11/12/03

  
\_\_\_\_\_  
Signature of Board President **Bette Ann Marshall**  
**for and on behalf of Michael T. Swallow**  
Date: 11/12/03

*Deadline for Applications:  
Friday, November 14, 2003  
4:00 p.m.*

Attachments: List of Board Members  
Financial Statements  
Articles of Incorporation and By-laws