

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

A. General Information:

Agency Name: Rural America Initiatives
Address: 919 Main, Suite 201 Rapid City, SD 57701
Address if Project: 625 Sitting Bull Street Rapid City, SD 57701
(if different from above)

Agency Director: Bruce Long Fox Phone: 341-3339
Board President: Monica Schmidt
(attach a list of board members)

B. Purpose of the organization: Rural America Initiatives serves low income Native American families in Rapid City. RAI operates an Early Head Start, Head Start, Teen Pregnancy Project and Teen Mentoring Project.

C. History of the organization: Founded in 1986, RAI has operated federal grant programs continuously for 17 years. About 80% of funding comes from federal sources and 20% from local sources.

D. Agency/Organization Goals: To help Native families become more stable and self sufficient. To increase health, economic, and education resources available to Native families in Rapid City

E. Program/Project Benefit:

1. Number of clients served during the last twelve (12) months: 1360
2. Number of clients served in Rapid City: 1360 Outside Rapid City: 0
3. Maximum number of clients your agency can serve at any one point in time: 1,500
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)*
X Abused and/or neglected children X Homeless persons
 Elderly Persons X Disabled persons
X Battered spouse Illiterate persons
6. Does your agency require information on the following? *(if "no" go to #7)*
X Family size and income
X Very low income (income below 30% of area median income)
X Low income (income between 31% - 50% of area median income)
X Above 80% of median income

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7. If the benefits or service that your agency provides is open to all persons in the area are 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:

N/A

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:

N/A Completed _____ New _____ Improve _____

Will the rental amounts remain affordable as per HUD guidelines? Yes ___ NO ___

Will the program beneficiaries or participants be limited to low and moderate income households? Yes _____ No _____

- F. Fee schedule for services, if applicable, please attach:** N/A

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

Project Takoja: Teen Pregnancy Care Program targets Native teens who have been sexually abused. We help teen moms to have healthier birth out comes and educate them to have healthier parenting roles.

H. Describe how funds will be used:

Funds will be used to renovate a community owned building in Sioux Addition which is near condemnation. The Sioux Addition Community Center needs a new roof, siding, mold abatement, and miscellaneous indoor repairs.

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

September 16, 2003 to September 15, 2005.

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

Existing Liabilities Against the Property:	\$ <u>0</u>
Appraised Value:	\$ <u>45,000</u>
Property Insurance Agent: <u>None</u>	
Amount of Insurance Coverage:	\$ <u>0</u>
Project Cost Breakdown:	
<u>New roof</u>	\$ <u>15,600</u>
<u>Siding</u>	\$ <u>10,000</u>
<u>Mold Abatement</u>	\$ <u>5,000</u>
<u>Miscellaneous interior repairs</u>	\$ <u>5,000</u>
Cost Estimate Prepared By: <u>Bruce Long Fox</u>	
Architect (if applicable): _____	

K. Funding sources for the program/project:

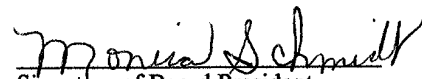
Community Development Block Grant Funds Requested	\$ <u>35,600</u>
Other Funding Sources:	
<u>Office of Adolescent Pregnancy Programs -</u>	\$ <u>200,000</u>
<u>Department of Health and Human Services</u>	\$ _____
_____	\$ _____

L. Financial Information:

Please attach financial statement.



Signature of Agency Director



Signature of Board President

Date: 11/14/03

Date: 11-14-03

Deadline for Applications: Friday, November 14, 2003 4:00 p.m.
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Attachments: List of Board Members
Financial Statements
Articles of Incorporation and By-laws