

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier B-04-MC-46-0002
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 46-6000380

5. APPLICANT INFORMATION

Legal Name: **City of Rapid City** Organizational Unit: **Municipality**

Department: **Growth Management**

Organizational DUNS: Division: **Community Development**

Address: Name and telephone number of person to be contacted on matters involving this application (give area code)

Street: **300 Sixth Street** Prefix: **Ms.** First Name: **Barbara**

City: **Rapid City** Middle Name: **K**

County: **Pennington** Last Name: **Garcia**

State: **SD** Zip Code: **57701** Suffix:

Country: **USA** Email: **barbara.garcia@rcgov.org**

6. EMPLOYER IDENTIFICATION NUMBER (EIN): **46-60000380**

Phone Number (give area code): **(605) 394-4181** Fax Number (give area code): **(605) 394-2232**

8. TYPE OF APPLICATION: **7. TYPE OF APPLICANT: (See back of form for Application Types)**

New Continuation Revision **Municipal**

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.) Other (specify)

9. NAME OF FEDERAL AGENCY: **Dept. Housing and Urban Development**

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: **14-218**

TITLE (Name of Program): **Entitlement CDBG**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
The 2004 Entitlement Community Development Block Grant Program (CDBG) for the City of Rapid City consisting of site acquisition for affordable housing construction, housing rehabilitation, (over)

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Rapid City, Pennington County, South Dakota

13. PROPOSED PROJECT
Start Date: **7/01/04** Ending Date: **3/31/05**

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: **1** b. Project: **1**

15. ESTIMATED FUNDING:

a. Federal	\$ 596,000	.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$ 28,000	.00
g. TOTAL	\$ 624,000	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes: THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:

b. No: PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 Yes If "Yes" attach an explanation. No

18. 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. Authorized Representative

Prefix: **Mayor** First Name: **Jim** Middle Name:

Last Name: **Shaw** Suffix:

b. Title: **Mayor** c. Telephone Number (give area code): **(605) 394-4110**

d. Signature of Authorized Representative e. Date Signed

Item #11. Continued

public facilities, public services and program overs.