

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

		2. DATE SUBMITTED	Applicant Identifier B-06-MC-46-0002
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
City of Rapid City		Department: Growth Management Department	
Organizational DUNS 057222119		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:	First Name: Barbara
City: Rapid City		Middle Name K.	
County: Pennington		Last Name Garcia	
State: South Dakota	Zip Code 57701	Suffix:	
Country USA		Email: Barbara.Garcia@rcgov.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)	Fax Number (give area code)
46-6000380		(605) 394-4181	(605) 394-6636
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		City Government	
Other (specify) <input type="checkbox"/> <input type="checkbox"/>		Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		9. NAME OF FEDERAL AGENCY:	
14-218		Department of Housing and Urban Development	
TITLE (Name of Program): Community Development Block Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Rapid City, Pennington County, South Dakota		Property acquisition; acquisition rehabilitation; acquisition costs assistance for low income homebuyers; public facilities and improvements, infrastructure, construction, and public services that benefit low income persons and households.	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: April 1, 2006	Ending Date: March 31, 2007	a. Applicant 1	b. Project 1
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 507,911 ⁰⁰	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ ⁰⁰	DATE:	
c. State	\$ ⁰⁰	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other Reallocated CDBG funds	\$ 13,757 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ 9,700 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 531,368 ⁰⁰		
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	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