

**Application for Federal Assistance SF-424**

Version 02

<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>*2. Type of Application</b> * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  *Other (Specify) _____
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<b>3. Date Received:</b>	<b>4. Applicant Identifier:</b> SD461392 Rapid City - B-10-MC-46-0002
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<b>5a. Federal Entity Identifier:</b>	<b>*5b. Federal Award Identifier:</b>
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**State Use Only:**

<b>6. Date Received by State:</b> N/A	<b>7. State Application Identifier:</b> N/A
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**8. APPLICANT INFORMATION:**

**\*a. Legal Name:** City of Rapid City

<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 46-60000380	<b>*c. Organizational DUNS:</b> 057222119
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**d. Address:**

**\*Street 1:** 300 Sixth Street  
**Street 2:** \_\_\_\_\_  
**\*City:** Rapid City  
**County:** Pennington  
**\*State:** South Dakota  
**Province:** \_\_\_\_\_  
**\*Country:** USA  
**\*Zip / Postal Code** 57701

**e. Organizational Unit:**

<b>Department Name:</b> Community Resources Department	<b>Division Name:</b> Community Development Division
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**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:** Ms.      **\*First Name:** Barbara  
**Middle Name:** \_\_\_\_\_  
**\*Last Name:** Garcia  
**Suffix:** \_\_\_\_\_

**Title:** Community Development Specialist

**Organizational Affiliation:**  
City of Rapid City

<b>*Telephone Number:</b> 605-394-4181	<b>Fax Number:</b> 605-355-3520
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**\*Email:** barbara.garcia@rcgov.org

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**\*9. Type of Applicant 1: Select Applicant Type:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.218 Entitlement Grant

CFDA Title:

Community Development Block Grant

**\*12 Funding Opportunity Number:**

\_\_\_\_\_

\*Title:

\_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_

Title:

\_\_\_\_\_

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Rapid City, Pennington County, SD

**\*15. Descriptive Title of Applicant's Project:**

Property acquisition; acquisition rehabilitation; acquisition cost assistance for low income homebuyers; public facilities and improvements; infrastructure, constructions, public services that benefit low income persons and households.

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**16. Congressional Districts Of:**

\*a. Applicant: District 1

\*b. Program/Project: District 1

**17. Proposed Project:**

\*a. Start Date: April 1, 2010

\*b. End Date: March 31, 2011

**18. Estimated Funding (\$):**

*a. Federal	<u>538,944.00</u>	
*b. Applicant	<u>0.00</u>	
*c. State	<u>0.00</u>	
*d. Local	<u>182,778.00</u>	e. Other – Funds reallocated from previous years.
*e. Other		
*f. Program Income	<u>6,000.00</u>	
*g. TOTAL	<u>727,722.00</u>	

**\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on \_\_\_\_\_
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

**\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

- Yes       No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

**Authorized Representative:**

Prefix: Mr.      \*First Name: Alan

Middle Name: \_\_\_\_\_

\*Last Name: Hanks

Suffix: \_\_\_\_\_

\*Title: Mayor, City of Rapid City

\*Telephone Number: 605-394-4110

Fax Number: 605-394-6793

\* Email: alan.hanks@rcgov.org

\*Signature of Authorized Representative:

\*Date Signed: 07/06/11

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**\*Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.