

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:	4. Applicant Identifier: SD461392 Rapid City - B-10-MC-46-0002	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State: N/A	7. State Application Identifier: N/A	
8. APPLICANT INFORMATION:		
*a. Legal Name: City of Rapid City		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 46-60000380		*c. Organizational DUNS: 057222119
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:		
Department Name: Community Resources Department		Division Name: Community Development Division
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		
*Telephone Number: 605-394-4181		Fax Number: 605-355-3520
*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, 2011

*b. End Date: March 31, 2012

18. Estimated Funding (\$):

*a. Federal	451,688.00	
*b. Applicant	0.00	
*c. State	0.00	
*d. Local	112,197.92	e. Other – Funds reallocated from previous years.
*e. Other		
*f. Program Income	4,700.00	
*g. TOTAL	568,585.92	

***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.