

SF-424

OMB Number: 4040-0004
 Expiration Date: 01/31/2009

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 type="checkbox"/> New <input checked="" type="checkbox"/> Continuation *Other (Specify) _____ <input type="checkbox"/> Revision		
3. Date Received:		4. Applicant Identifier: SD461392 Rapid City - B-09-MY-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 Manager	
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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<p>*9. Type of Applicant 1: Select Applicant Type: C. City or Township Government</p> <p>Type of Applicant 2: Select Applicant Type:</p> <p>Type of Applicant 3: Select Applicant Type:</p> <p>*Other (Specify)</p>	
<p>*10 Name of Federal Agency: Department of Housing and Urban Development</p>	
<p>11. Catalog of Federal Domestic Assistance Number: 14.218 Entitlement Grant</p> <p>CFDA Title: Community Development Block Grant Recovery</p>	
<p>*12 Funding Opportunity Number: _____</p> <p>*Title: _____</p>	
<p>13. Competition Identification Number: _____</p> <p>Title: _____</p>	
<p>14. Areas Affected by Project (Cities, Counties, States, etc.): Rapid City, Pennington County, SD</p>	
<p>*15. Descriptive Title of Applicant's Project: Public facilities and improvements; infrastructure, public services that benefit low income persons and households.</p>	

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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, 2009		*b. End Date: 07/01/2011
18. Estimated Funding (\$):		
*a. Federal	132,734.00	
*b. Applicant	0.00	
*c. State	0.00	
*d. Local	0.00	e. Other – Funds reallocated from previous years.
*e. Other	0.00	
*f. Program Income	0.00	
*g. TOTAL	132,734.00	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on ____ <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input checked="" type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> ** 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:

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Standard Form 424 (Revised 10/2005)
 Prescribed by OMB Circular A-102

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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.

[Empty text box for explanation]