

SF424

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 checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____		
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier: SD461392 Rapid City		5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State: N/A		7. State Application Identifier: N/A
B. 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:	Kay	
*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		

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

Application for Federal Assistance SF-424	Version 02
*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 costs assistance for low income homebuyers; public facilities and improvements, infrastructure, constructions, public services and economic development that benefits low income persons and households.	

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

Application for Federal Assistance SF-424		Version 02
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	CDBG Capital Improvement Program Funds State leveraged funds Local funds, also includes private donations, fee income and in-kind donations. CDBG funds reallocated from previous years (\$112,197.92) ; sub-grantee entitlement repayment (\$24,779.80); recovered funds \$699.81, \$227.50 and \$100. Program income earned includes City Program Income (PI-\$2,349.95) & Revolving Loan Income (RL-\$22,380.85) & sub-grantee program income (\$37,335.38).
*b. Applicant		
*c. State		
*d. Local		
*e. Other	\$138,005.03	
*f. Program Income	\$62,066.18	
*g. TOTAL	\$651,759.21	
*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: _____	*First Name: <u>Sam</u> _____	
Middle Name: _____		
*Last Name: <u>Kooiker</u> _____		
Suffix: _____		
*Title: Mayor, City of Rapid City		
*Telephone Number: 605-394-4110		Fax Number: (605) 394-6793
* Email: sam.kooiker@rcgov.org		
*Signature of Authorized Representative:		*Date Signed: 08/07/12

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

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

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

N/A