

**STATE/APPLICANT AGREEMENT  
STATE OF SOUTH DAKOTA DISASTER CONTRACT  
DR-**

RIGHT TO APPEAL:

Upon my concurrence with the Project Worksheets (PW's), I hereby agree to accept as accurate and final, the costs identified in the PW's, unless one of the following conditions apply 1.) The inspection team has made an error. 2.) Additional disaster related damage was discovered. I also understand that appeals are only valid if requested within 60 days of the State of South Dakota's project worksheet notification letter.

CERTIFICATION REGARDING LOBBYING:

I certify, to the best of my knowledge and belief, that: No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative agreement. If any funds other than Federal appropriated funds have been paid or will be paid to any of the above mentioned parties, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty or not less than \$10,000 and not more than \$100,000 for each such failure.

COMPLETION OF WORK:

I hereby agree to perform all work in accordance with the grant conditions, complete all work claimed in the PW's and agree to expend all funds that have been provided in performance of eligible work. I also agree that work will be completed within the required time limits.

DEBARRED AND SUSPENDED CONTRACTORS

I certify per 44 CFR 13.35 that I will not make any award or permit any contract at any tier to any party which is debarred or suspended by any Federal department or is otherwise excluded from or ineligible for participation in Federal assistance programs under Executive Order 12549.

November 26, 2013

Date

City of Rapid City

Organization (Please Print)

Finance Officer

Title (Please Print)

Authorized Signature

DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
 REQUEST FOR PUBLIC ASSISTANCE

O.M.B. NO. 1660-0017  
 Expires April 30, 2013

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 10 minutes. Burden means the time, effort and financial resources expended by persons to generate, maintain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (OMB Control Number 1660-0017). You are not required to respond to this collection of information unless it displays a valid OMB number. **NOTE: Do not send your completed questionnaire to this address.**

APPLICANT (Political subdivision or eligible applicant) City of Rapid City	DATE SUBMITTED Nov 26, 2013
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COUNTY (Location of Damages. If located in multiple counties, please indicate) Pennington	DUNS NUMBER 057222119
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APPLICANT PHYSICAL LOCATION

STREET ADDRESS 300 Sixth Street			
CITY Rapid City	COUNTY Pennington	STATE SD	ZIP CODE 57701

MAILING ADDRESS (If different from Physical Location)

STREET ADDRESS			
POST OFFICE BOX	CITY	STATE	ZIP CODE

Primary Contact/Applicant's Authorized Agent

Alternate Contact

NAME Pauline Sumption	NAME Dave Yuhas
TITLE Finance Officer	TITLE Grants Compliance and Financial Reporting Manager
BUSINESS PHONE 605-394-4143	BUSINESS PHONE 605-394-4143
FAX NUMBER 605-394-2232	FAX NUMBER 605-394-2232
HOME PHONE (Optional)	HOME PHONE (Optional)
CELL PHONE	CELL PHONE 406-860-5480
E-MAIL ADDRESS pauline.sumption@rcgov.org	E-MAIL ADDRESS dave.yuhas@rcgov.org
PAGER & PIN NUMBER	PAGER & PIN NUMBER

Did you participate in the Federal/State Preliminary Damage Assessment (PDA)?  YES  NO

Private Non-Profit Organization?  YES  NO

If yes, which of the facilities identified below best describe your organization? \_\_\_\_\_

Title 44 CFR, part 206.221(e) defines an eligible private non-profit facility as: "... any private non-profit educational, utility, emergency, medical or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." "Other essential governmental service facility means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety services of a governmental nature. All such facilities must be open to the general public."

Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws. If your organization is a school or educational facility, please attach information on accreditation or certification.

OFFICIAL USE ONLY: FEMA -	-DR-	-	FIPS#	DATE RECEIVED
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