

Application for Federal Assistance SF-424

Version 02

***1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

***2. Type of Application**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify)

3. Date Received:

4. Applicant Identifier:

SD 461392 Rapid City B-14-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: Manager, Community Development

Organizational Affiliation:
City of Rapid City/ Community Development Division

*Telephone Number: 605-394-4181

Fax Number: 605-355-3520

*Email: barbara.garcia@rcgov.org

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, 2014

*b. End Date: March 31, 2015

18. Estimated Funding (\$):

*a. Federal	_____	443,111
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	4,000
*g. TOTAL	_____	447,111

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: Sam

Middle Name: _____

*Last Name: Kooiker

Suffix: _____

*Title: Mayor, City of Rapid City

*Telephone Number: 605-394-4110

Fax Number: 605-394-6973

* Email: sam.kooiker@rcgov.org

*Signature of Authorized Representative:

*Date Signed:

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.):
Properties or persons located inside the corporate limits of Rapid City, Pennington County, South Dakota

***15. Descriptive Title of Applicant's Project:**
Property acquisition; acquisition rehabilitation; acquisition cost assistance for low-income home buyers; public facilities and improvements; infrastructure; construction/rehabilitation and public services that benefit low income persons and households.

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