

MEMORANDUM

TO: MAYOR SHAW
CITY COUNCIL MEMBERS

FROM: BONNIE HUGHES

SUBJECT: RSVP GRANT

DATE: FEBRUARY 21, 2001

RSVP applies annually for continuation of the grant that supports the retired volunteer program. There is a combination of federal funds, state funds, and local match funds. The local match funds are provided through various fundraising events conducting throughout the year. These events are normally conducted through the Friends of RSVP with all proceeds donated to the RSVP program.

Attached for your information is the cover sheet of the federal grant application.

RECOMMENDATION: Authorize the Mayor and Finance Officer to sign the grant application and grant agreement for the Retired Senior Volunteer Program.

PART I - FACESHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>										
2. DATE SUBMITTED TO CORPORATION FOR NATIONAL SERVICE (CNS): April 1, 2001	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:										
	4. DATE RECEIVED BY CNS:	CNS GRANT NUMBER: 440-N169/17										
5. APPLICANT INFORMATION												
LEGAL NAME: City of Rapid City ORGANIZATIONAL UNIT: Rapid City Area RSVP ADDRESS (give street address, city, county, state and zip code): 333 Sixth Street Rapid City, SD 57701 Pennington County	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Angelique Weeks TELEPHONE NUMBER: (605) 394 - 2507 FAX NUMBER: (605) 394 - 2508 INTERNET E-MAIL ADDRESS: Angie.Weeks@ci.rapid-city.sd.us											
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td style="width: 20px;">4</td><td style="width: 20px;">6</td><td style="width: 20px;">-</td><td style="width: 20px;">6</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">3</td><td style="width: 20px;">8</td><td style="width: 20px;">0</td></tr></table>	4	6	-	6	0	0	0	3	8	0	7. TYPE OF APPLICANT: (enter appropriate letter in box) c	
4	6	-	6	0	0	0	3	8	0			
8. TYPE OF APPLICATION: <input type="checkbox"/> NEW XCONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____	A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Private Non-Profit Organization O. Other (specify) _____											
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: RSVP: 94.002 FGP: 94.011 SCP: 94.016	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px;">9</td><td style="width: 20px;">4</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">2</td></tr></table>	9	4	0	0	2	9. NAME OF FEDERAL AGENCY: Corporation for National Service					
9	4	0	0	2								
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The R&SVP helps people age 55 and older put their skills and life experience to work by addressing compelling and critical community needs through service to many private and non-profit organizations, public agencies, or proprietary health-care agencies or organizations.											
13. PROPOSED PROJECT: START DATE: 07/01/01 END DATE: 06/30/02												
14. ESTIMATED FUNDING:	15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?											
a. FEDERAL \$ 50,626.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____											
b. APPLICANT \$ 14,752.00	b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW											
c. STATE \$ 9,500.00	16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input type="checkbox"/> NO											
d. LOCAL-County \$ 1,300.00												
e. OTHER \$ 37,498.00												
f. TOTAL \$ 113,676.00												
17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.												
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: James Shaw	b. TITLE: Mayor	c. TELEPHONE NUMBER: 605-394-4110										
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED:										