

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) _____
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3. Date Received:	4. Applicant Identifier: SD 461392 Rapid City B-15-MC-46-0002
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5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
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State Use Only:

6. Date Received by State: N/A	7. State Application Identifier: N/A
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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:	<u>300 Sixth Street</u>
Street 2:	_____
*City:	<u>Rapid City</u>
County:	<u>Pennington</u>
*State:	<u>South Dakota</u>
Province:	_____
*Country:	<u>USA</u>
*Zip / Postal Code	<u>57701</u>

e. Organizational Unit:

Department Name: Community Resource Department	Division Name: Community Development Division
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <u>Ms.</u>	*First Name: <u>Barbara</u>
Middle Name: _____	
*Last Name: <u>Garcia</u>	
Suffix: _____	

Title: <u>Manager, Community Development</u>

Organizational Affiliation: City of Rapid City Community Development Division

*Telephone Number: 605-394-4181	Fax Number: 605-355-3520
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*Email: <u>barbara.garcia@rcgov.org</u>
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***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; public facilities and improvements; infrastructure; construction/rehabilitation; economic development; and public services that benefit low income persons and households.

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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, 2015

*b. End Date: March 31, 2016

18. Estimated Funding (\$):

*a. Federal	_____	433,859
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	6,400
*g. TOTAL	_____	440,259

***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:

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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.

N/A