

**Application for Federal Assistance SF-424**

\* 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:

SD461392 B-19-MC-46-0002

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

Rapid City

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

46-6000380

\* c. Organizational DUNS:

0572221190000

**d. Address:**

\* Street1:

300 Sixth Street

Street2:

\* City:

Rapid City

County/Parish:

Pennington County

\* State:

SD: South Dakota

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

57701-5035

**e. Organizational Unit:**

Department Name:

CDBG Program

Division Name:

Community Development

**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix:

\* First Name:

Michelle

Middle Name:

\* Last Name:

Schuelke

Suffix:

Title:

Manager

Organizational Affiliation:

City of Rapid City Community Development Division

\* Telephone Number:

605-394-4181

Fax Number:

605-355-3520

\* Email:

Michelle.Schuelke@rcgov.org

## Application for Federal Assistance SF-424

### \* 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:

### 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.):

CityMap 2018.pdf

Add Attachment

Delete Attachment

View Attachment

### \* 15. Descriptive Title of Applicant's Project:

Property Acquisition; acquisition rehabilitation; public facilities and improvements; infrastructure; economic development, and public services that benefit low-income persons and households.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\* a. Applicant

District 1

\* b. Program/Project

District 1

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

04/01/2019

\* b. End Date:

03/31/2020

**18. Estimated Funding (\$):**

* a. Federal	450,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	0.00
* f. Program Income	4,900.00
* g. TOTAL	454,900.00

**\* 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 in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

**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:	Steve
Middle Name:			
* Last Name:	Allender		
Suffix:			

\* Title: Mayor, City of Rapid City

\* Telephone Number: 605-394-4110

Fax Number: 605-394-6973

\* Email: Steve.Allender@rcgov.org

\* Signature of Authorized Representative:

\* Date Signed:

Pauline Sumption, Finance Director

Date