

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-20-MC-46-0002

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

B-20-MC-46-0002

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:

*** State:**

SD: South Dakota

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

57701-5035

e. Organizational Unit:**Department Name:**

Community Development

Division Name:

CDBG Program Division

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

Ms.

*** First Name:**

Michelle

Middle Name:

*** Last Name:**

Schuelke

Suffix:

Title:

CDBG Program Division Manager

Organizational Affiliation:

City of Rapid City - Community Development Department

*** 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

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.):

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 individuals and households.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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16. Congressional Districts Of:
* a. Applicant * b. Program/Project

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

17. Proposed Project:
* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	522,535.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	0.00
* f. Program Income	37,644.00
* g. TOTAL	560,179.00

*** 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

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:	<input type="text"/>	* Date Signed:	<input type="text"/>