

Application for Federal Assistance SF-424

* 1. Type of Submission:		* 2. Type of Application:		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		<input type="text"/>	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify):	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		<input type="text"/>	
* 3. Date Received:		4. Applicant Identifier:			
<input type="text"/>		SD461392 B-20-MC-46-0002			
5a. Federal Entity Identifier:			5b. Federal Award Identifier:		
<input type="text"/>			B-20-MC-46-0002		
State Use Only:					
6. Date Received by State:		7. State Application Identifier:			
<input type="text"/>		<input type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: Rapid City					
* b. Employer/Taxpayer Identification Number (EIN/TIN):			* c. Organizational DUNS:		
46-6000380			0572221190000		
d. Address:					
* Street1:	300 Sixth Street				
Street2:	<input type="text"/>				
* City:	Rapid City				
County/Parish:	<input type="text"/>				
* State:	SD: South Dakota				
Province:	<input type="text"/>				
* Country:	USA: UNITED STATES				
* Zip / Postal Code:	57701-5035				
e. Organizational Unit:					
Department Name:			Division Name:		
Community Development			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:	<input type="text"/>				
* Last Name:	Schuelke				
Suffix:	<input type="text"/>				
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				

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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:**

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.

Add Attachment

Delete Attachment

View Attachment

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

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:	<input type="text" value="Mr."/>	* First Name:	<input type="text" value="Steve"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Allender"/>		
Suffix:	<input type="text"/>		

* Title:

* Telephone Number: 605-394-4110

Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:


Pauline Sumpton, Finance Officer

4-8-2020
Date