Application for Federal Assistance SF-424

* 1. Type of Submission:  
- Preapplication  
- Application  
- Changed/Corrected Application  
* 2. Type of Application:  
- New  
- Continuation  
- Other (Specify):  
* 3. Date Received:  
4. Applicant Identifier:  
5a. Federal Entity Identifier:  
5b. Federal Award Identifier:  
5c. Other (Specify):  

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:  
- 057222190000  

d. Address:  
* Street1:  
- 300 Sixth Street  
Street2:  
* City:  
- Rapid City  
City:  
* County/Parish:  
- Pennington County  
* 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.):

* 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.
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16. Congressional Districts Of:
   * a. Applicant 1
   * b. Program/Project 1

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

17. Proposed Project:
   * a. Start Date: 04/01/2020
   * b. End Date: 03/31/2021

18. Estimated Funding ($):
   * a. Federal 522,535.00
   * b. Applicant 0.00
   * c. State 87,988.00
   * d. Local 610,523.00
   * e. Other 0.00
   * f. Program Income 0.00
   * g. TOTAL 1,311,024.00

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: 
* Date Signed: 

Pauline Sumption, Finance Director  Date