

**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:

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.):**

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	87,988.00
* g. TOTAL	610,523.00

**\* 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:	<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:	<input type="text" value="Mayor, City of Rapid City"/>		
* Telephone Number:	<input type="text" value="605-394-4110"/>	Fax Number:	<input type="text" value="605-394-6973"/>
* Email:	<input type="text" value="Steve.Allender@rcgov.org"/>		
* Signature of Authorized Representative:	<input type="text"/>	* Date Signed:	<input type="text"/>

Pauline Sumption, Finance Director

Date