

Application for Federal Assistance SF-424								
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application			<b>* 2. Type of Application:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision			<b>* If Revision, select appropriate letter(s):</b> A: Increase Award  <b>* Other (Specify):</b>		
<b>* 3. Date Received:</b>			<b>4. Applicant Identifier:</b>					
			SD461392 B-21-MC-46-0002					
<b>5a. Federal Entity Identifier:</b>			<b>5b. Federal Award Identifier:</b>					
			B-21-MC-46-0002					
<b>State Use Only:</b>								
<b>6. Date Received by State:</b>		<b>7. State Application Identifier:</b>						
<b>8. APPLICANT INFORMATION:</b>								
<b>* a. Legal Name:</b> Rapid City								
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b>			<b>* c. UEI:</b>					
46-6000380			057222119000					
<b>d. Address:</b>								
<b>* Street1:</b> 300 Sixth Street								
<b>Street2:</b>								
<b>* City:</b> Rapid City								
<b>County/Parish:</b>								
<b>* State:</b> SD: South Dakota								
<b>Province:</b>								
<b>* Country:</b> USA: UNITED STATES								
<b>* Zip / Postal Code:</b> 57701-5035								
<b>e. Organizational Unit:</b>								
<b>Department Name:</b>			<b>Division Name:</b>					
Community Development			CDBG Program Division					
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>								
<b>Prefix:</b> Ms.		<b>* First Name:</b> Michelle						
<b>Middle Name:</b>								
<b>* Last Name:</b> Schuelke								
<b>Suffix:</b>								
<b>Title:</b> CDBG Program Division Manager								
<b>Organizational Affiliation:</b>								
City of Rapid City - Community Development Department								
<b>* Telephone Number:</b> 605-394-4181			<b>Fax Number:</b> 605-355-3520					
<b>* Email:</b> 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	<input type="text" value="545,408.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text" value="67,972.00"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="613,380.00"/>

**\* 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:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed: