Application for Federal Assistance SF-424

1. Type of Submission:
   - Preapplication
   - Application
   - Changed/Corrected Application

2. Type of Application:
   - New
   - Continuation
   - Revision

3. Date Received:

4. Applicant Identifier:
   - SD461392 B-17-MC-46-0002

5a. Federal Entity Identifier:
5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:
7. State Application Identifier:

8. APPLICANT INFORMATION:

a. Legal Name:
   - City of Rapid City

b. Employer/Taxpayer Identification Number (EIN/TIN):
   - 46-6000380

c. Organizational DUNS:
   - 057221190000

d. Address:
   - 300 Sixth St.
   - Rapid City
   - Pennington
   - SD: South Dakota
   - USA: UNITED STATES
   - 57701

e. Organizational Unit:
   - Department Name:
     - Public Works Department
   - Division Name:
     - Community Development

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

Prefix: Ms.
First Name: Barbara
Middle Name:
Last Name: Garcia
Suffix:
Title: Manager, Community Development
Organizational Affiliation:
   - City of Rapid City Community Development Division

Telephone Number: 605-394-4181
Fax Number: 605-355-3520
Email: barbara.garcia@rggov.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:**

Department of Housing and Urban Development

**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.):**

RapidCityCorporate Limits.pdf  [Add Attachment]  [Delete Attachment]  [View Attachment]

**15. Descriptive Title of Applicant’s Project:**

Property acquisition, demolition, and rehab for affordable housing: engineering studies, public facilities and improvements, public services for mental health and housing.

Attach supporting documents as specified in agency instructions.

[Add Attachments]  [Delete Attachments]  [View Attachments]
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: 04/01/2017
   * b. End Date: 03/31/2018

18. Estimated Funding ($):
   * a. Federal
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL

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
* Telephone Number: 605-394-4110  Fax Number: 
* Email: steve.allender@rcgov.org

* Signature of Authorized Representative:  
* Date Signed: 08/08/2017