

DRAFT

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction	
Modified Standard Form 424 (Rev. 02/07 to conform to the Corporation's eGrants System)			
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:	
2b. APPLICATION ID: 16SR200805	4. DATE RECEIVED BY FEDERAL AGENCY:	FEDERAL IDENTIFIER: 16SRNSD001	
5. APPLICATION INFORMATION			
LEGAL NAME: City of Rapid City DUNS NUMBER: 057222119		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Angelique Weeks	
ADDRESS (give street address, city, state, zip code and county): 300 6th St Rapid City SD 57701 - 5034 County: Pennington		TELEPHONE NUMBER: (605) 394-2507 FAX NUMBER: (605) 394-2508 INTERNET E-MAIL ADDRESS: angle.weeks@rcgov.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 466000380		7. TYPE OF APPLICANT: 7a. Local Government - Municipal 7b.	
8. TYPE OF APPLICATION (Check appropriate box). <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. AUGMENTATION B. BUDGET REVISION C. NO COST EXTENSION D. OTHER (specify below):		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service	
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program		11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Black Hills RSVP	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): SOUTH DAKOTA Opportunity #3 Fall River, Pennington Counties		11.b. CNCS PROGRAM INITIATIVE (IF ANY):	
13. PROPOSED PROJECT: START DATE: END DATE:		14. CONGRESSIONAL DISTRICT OF: a.Applicant <input type="text" value="SD 00"/> b.Program <input type="text" value="SD 00"/>	
15. ESTIMATED FUNDING: Year #: <input type="text" value="3"/>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input checked="" type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372	
a. FEDERAL	\$ 45,301.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
b. APPLICANT	\$ 78,076.00		
c. STATE	\$ 0.00		
d. LOCAL	\$ 14,646.00		
e. OTHER	\$ 63,430.00		
f. PROGRAM INCOME	\$ 0.00		
g. TOTAL	\$ 123,377.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Steve Allender		b. TITLE: Mayor	c. TELEPHONE NUMBER: 605-394-4142
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:			e. DATE SIGNED:

Attest: _____
Pauline Sumption, Finance Officer