

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE 03/06/2015	State Application Identifier ND1503(9-0054
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name:	Organizational Unit:
City of Minot	Department:
Organizational DUNS: 07-649-8799	Division:
Address: Street: 515 2nd Ave SW PO Box 5006	Name and telephone number of person t involving this application (give area code)
City: Minot	Prefix: Ms. First Name: Cindy
County: Ward	Last Name: Hemphill
State: North Dakota	Zip Code: 58702-5006
Country:	Suffix:
	Email: cindy.hemphill@minotnd.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

45-6002126

Phone Number (give area code) 701-857-4784	Fax Number (give area code) 701-857-4782
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8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

C

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

14-272

TITLE (Name of Program):
National Disaster Resilience Competition

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
City of Minot National Disaster Resilience Competition Application
FR-5800-N-29

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Minot, North Dakota

13. PROPOSED PROJECT

Start Date: March 2015	Ending Date: March 2016
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14. CONGRESSIONAL DISTRICTS OF:

a. Applicant North Dakota	b. Project
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15. ESTIMATED FUNDING:

a. Federal	\$	1.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	1.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

b. No. PROGRAM IS NOT COVERED BY E. O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation. No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION 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. Authorized Representative

Prefix	First Name Chuck	Middle Name
Last Name Bamey	Suffix	
b. Title Mayor	c. Telephone Number (give area code) 701-857-4750	
d. Signature of Authorized Representative	e. Date Signed 1 + October 15	

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102