

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:**

10/05/2023

4. Applicant Identifier:

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:** Red Lake Band of Chippewa Indians

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

41-0692381

*** c. UEI:**

JFP3SNA2BU35

d. Address:

*** Street1:**

15484 Migizi Dr

Street2:

*** City:**

Red Lake

County/Parish:

Beltrami

*** State:**

MN: Minnesota

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

56671-0291

e. Organizational Unit:

Department Name:

Red Lake Public Works Dept.

Division Name:

Tribal Facilities Management

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

Prefix:

*** First Name:**

Robert

Middle Name:

*** Last Name:**

Smith

Suffix:

Title: Public Works Director

Organizational Affiliation:

Red Lake Band of Chippewa Indians

*** Telephone Number:**

218-679-2416

Fax Number:

*** Email:**

Robert.Smith@redlakenation.org

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

I: Indian/Native American Tribal Government (Federally Recognized)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.862

CFDA Title:

Indian Community Development Block Grant Program

* 12. Funding Opportunity Number:

FR-6700-N-23

* Title:

Community Development Block Grant Program for Indian Tribes and Alaska Native Villages

13. Competition Identification Number:

FR-6700-N-23

Title:

Community Development Block Grant Program for Indian Tribes and Alaska Native Villages

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

A Project to Upgrade the Red Lake Reservation's Wastewater Lagoons to Meet the Present and Future Needs of its People

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**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="1,919,040.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,919,040.00"/>

*** 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 18, 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: