

**APPLICATION FOR FEDERAL ASSISTANCE SF-424**

Version 02

<b>1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>2. Type of Application:</b> <span style="float:right">If Revision, select appropriate letter(s)</span> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <span style="float:right">Other (specify):</span> <input type="checkbox"/> Revision
<b>3. Date Received:</b>	<b>4. Applicant Identifier:</b>
<b>5a. Fed Entity Identifier:</b>	<b>5b. Federal Award Identifier:</b>
<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> STATE OF SOUTH DAKOTA	
<b>b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 690460001	<b>c. Organizational DUNS:</b> 809587900
<b>d. Address:</b>	
<b>Street 1:</b> 910 E. Sioux Ave <b>Street 2:</b> <b>City:</b> PIERRE <b>County:</b> HUGHES County <b>State:</b> SD <b>Province:</b> <b>Country:</b> U.S.A. <b>Zip / Postal Code:</b> 575014517	
<b>e. Organizational Unit:</b>	
<b>Department Name:</b> DEPARTMENT OF SOCIAL SERVICES	<b>Division Name:</b> DEPARTMENT OF SOCIAL SERVICES
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
<b>Prefix:</b> Mr <span style="margin-left: 150px;"><b>First Name:</b> David</span> <b>Middle Name:</b> <b>Last Name:</b> Gall <b>Suffix:</b>	
<b>Title:</b> Program Administrator	
<b>Organizational Affiliation:</b>	
<b>Telephone Number:</b> 6057734131	<b>Fax Number:</b> 6057736657
<b>Email:</b> david.gall@state.sd.us	

**APPLICATION FOR FEDERAL ASSISTANCE SF-424**

Version 02

**9. Type of Applicant:**

A State Government

**10. Name of Federal Agency:**

U. S. Department of Energy

**11. Catalog of Federal Domestic Assistance Number:**

81.042

CFDA Title:

Weatherization Assistance Program

**12. Funding Opportunity Number:**

Title:

2017 Weatherization Assistance Funding Opportunity

**13. Competition Identification Number:**

Title:

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

State of South Dakota

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

Weatherization of low-income homes in the state of South Dakota.

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**16. Congressional District Of:**

a. Applicant: South Dakota At-Large Congressional District      b. Program/Project: SD-Statewide

Attach an additional list of Program/Project Congressional Districts if needed:

**17. Proposed Project:**

a. Start Date: 07/01/2017      b. End Date: 06/30/2018

**18. Estimated Funding (\$):**

a. Federal	1,776,878.00
b. Applicant	0.00
c. State	0.00
d. Local	0.00
e. Other	0.00
f. Program Income	0.00
g. TOTAL	1,776,878.00

**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)**

No

**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: Mrs      First Name: Lynne  
Middle Name: A  
Last Name: Valenti  
Suffix:

Title: Department of Social Services Secretary

Telephone Number: 6057733166      Fax Number:

Email: lynne.valenti@state.sd.us

Signature of Authorized Representative:

Date Signed:

**BUDGET INFORMATION - Non-Construction Programs**

1. Program/Project Identification No.		2. Program/Project Title Weatherization Assistance Program	
3. Name and Address STATE OF SOUTH DAKOTA 910 E. Sioux Ave PIERRE, SD 575014517		4. Program/Project Start Date 07/01/2017	5. Completion Date 06/30/2018

**SECTION A - BUDGET SUMMARY**

Grant Program Function or Activity (a)	Federal Catalog No. (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Federal	81.042	\$ 0.00		\$ 1,776,878.00		\$ 1,776,878.00
2.						
3.						
4.						
5. TOTAL		\$ 0.00	\$ 0.00	\$ 1,776,878.00	\$ 0.00	\$ 1,776,878.00

**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	Grant Program, Function or Activity				Total (5)
	(1) DOE	(2) GRANTEE ADMINISTR ATION	(3) SUBGRANTE E ADMINISTR	(4) GRANTEE T&TA	
a. Personnel	\$ 0.00	\$ 31,625.00	\$ 0.00	\$ 0.00	\$ 31,625.00
b. Benefits	\$ 0.00	\$ 9,496.00	\$ 0.00	\$ 0.00	\$ 9,496.00
c. Travel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 12,000.00	\$ 12,000.00
d. Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
e. Supplies	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
f. Contract	\$ 0.00	\$ 0.00	\$ 102,890.00	\$ 12,400.00	\$ 1,723,757.00
g. Construction	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
h. Other	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
i. Total Direct Charges	\$ 0.00	\$ 41,121.00	\$ 102,890.00	\$ 24,400.00	\$ 1,776,878.00
j. Indirect	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
k. Totals	\$ 0.00	\$ 41,121.00	\$ 102,890.00	\$ 24,400.00	\$ 1,776,878.00
7. Program Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

**BUDGET INFORMATION - Non-Construction Programs**

1. Program/Project Identification No.		2. Program/Project Title Weatherization Assistance Program	
3. Name and Address STATE OF SOUTH DAKOTA 910 E. Sioux Ave PIERRE, SD 575014517	4. Program/Project Start Date		07/01/2017
	5. Completion Date		06/30/2018

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Federal Catalog No. (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTAL		\$ 0.00	\$ 0.00	\$ 1,776,878.00	\$ 0.00	\$ 1,776,878.00

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	Grant Program, Function or Activity				Total (5)
	(1) SUBGRANTE E T&TA	(2) PROGRAM OPERATION S	(3) HEALTH AND SAFETY	(4) LIABILITY INSURANCE	
a. Personnel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 31,625.00
b. Benefits	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 9,496.00
c. Travel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 12,000.00
d. Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
e. Supplies	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
f. Contract	\$ 127,147.00	\$ 1,173,720.00	\$ 256,400.00	\$ 34,800.00	\$ 1,723,757.00
g. Construction	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
h. Other	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
i. Total Direct Charges	\$ 127,147.00	\$ 1,173,720.00	\$ 256,400.00	\$ 34,800.00	\$ 1,776,878.00
j. Indirect	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
k. Totals	\$ 127,147.00	\$ 1,173,720.00	\$ 256,400.00	\$ 34,800.00	\$ 1,776,878.00
7. Program Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

**BUDGET INFORMATION - Non-Construction Programs**

1. Program/Project Identification No.		2. Program/Project Title Weatherization Assistance Program	
3. Name and Address STATE OF SOUTH DAKOTA 910 E. Sioux Ave PIERRE, SD 575014517		4. Program/Project Start Date 07/01/2017	5. Completion Date 06/30/2018

**SECTION A - BUDGET SUMMARY**

Grant Program Function or Activity (a)	Federal Catalog No. (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTAL		\$ 0.00	\$ 0.00	\$ 1,776,878.00	\$ 0.00	\$ 1,776,878.00

**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	Grant Program, Function or Activity				Total (5)
	(1) FINANCIAL AUDITS	(2)	(3)	(4)	
a. Personnel	\$ 0.00				\$ 31,625.00
b. Benefits	\$ 0.00				\$ 9,496.00
c. Travel	\$ 0.00				\$ 12,000.00
d. Equipment	\$ 0.00				\$ 0.00
e. Supplies	\$ 0.00				\$ 0.00
f. Contract	\$ 16,400.00				\$ 1,723,757.00
g. Construction	\$ 0.00				\$ 0.00
h. Other	\$ 0.00				\$ 0.00
i. Total Direct Charges	\$ 16,400.00				\$ 1,776,878.00
j. Indirect	\$ 0.00				\$ 0.00
k. Totals	\$ 16,400.00				\$ 1,776,878.00
7. Program Income	\$ 0.00				\$ 0.00

**U.S. DEPARTMENT OF ENERGY**



**BUDGET JUSTIFICATION FOR FORMULA GRANTS**

Applicant: STATE OF SOUTH DAKOTA

Budget period: 07/01/2017 - 06/30/2018

**1. PERSONNEL** - Prime Applicant only (all other participant costs are listed in 6 below and form SF-242A, Section B. Line 6.f. Contracts and Sub-Grants).

Positions to be supported under the proposed award and brief description of the duties of professionals:

<u>Position</u>	<u>Description of Duties of Professionals</u>
Program Administrator David Gall	General administration and oversight of program, technical, and program monitoring of agencies
Program Specialist I/Patty Smith	Assistance with subgrantee monitoring, initial review of subgrantee payment requests, and assists with subgrantee policy guidance.
Department of Social Services Finance Office	Oversight of subgrantee requests, and payments. (This office is paid through South Dakota State General Funds)

Direct Personnel Compensation:

<u>Position</u>	<u>Salary/Rate</u>	<u>Time</u>	<u>Direct Pay</u>
Program Administrator David Gall	\$60,952.00	32.8127 % FT	\$20,000.00
Program Specialist I/Patty Smith	\$46,500.00	25.0000 % FT	\$11,625.00
Department of Social Services Finance Office	\$0.00	0.0000 % FT	\$0.00
Direct Pay Total			\$31,625.00

**2. FRINGE BENEFITS**

- a. Are the fringe cost rates approved by a Federal Agency? If so, identify the agency and date of latest rate agreement or audit below, and attach a copy of the rate agreement to the application.
  
- b. If a. above does not apply, please use this box (or an attachment) to further explain how your total fringe benefits costs were calculated. Your calculations should identify all rates used, along with the base they were applied to (and how the base was derived), and a total for each (along with grand total). If there is an established computation methodology approved for state-wide use, please provide a copy. Also, please fill out the table below with the Fringe Benefits Calculations.

The State Employee Health Plan, Workers' Compensation, and Unemployment Compensation costs are all approved by the Feds through the Statewide Cost Allocation Plan. The exact "rate" isn't approved, but all the costs associated with the rate are approved. David Gall Fringe Social Security: 7.65% \$1,530 Retirement: 6.00% \$1,200 Health and Life: \$8,622 \$2,874 (multiplied the flat rate of \$8,622 by the percent of employee time charging to grant) Worker's comp: 0.37% \$74 Unemployment: 0.10% \$20  
 Total \$5,698  
 Patty Smith Fringe Social Security: 7.65% \$889 Retirement: 6.00% \$698 Health and Life: \$8,622 \$2,156 (multiplied the flat rate of \$8,622 by the percent of employee time charging to grant) Worker's comp: 0.37% \$43 Unemployment: 0.10% \$12 Total \$3,798

Fringe Benefits Calculations

<u>Position</u>	<u>Direct Pay</u>	<u>Rate</u>	<u>Benefits</u>
Program Administrator David Gall	\$20,000.00	28.4900 %	\$5,698.00
Program Specialist I/Patty Smith	\$11,625.00	32.6710 %	\$3,798.00
Department of Social Services Finance Office	\$0.00		

Fringe Benefits Total                      \$9,496.00

**3. TRAVEL**

- a. Please provide the purpose of travel, such as professional conference(s), DOE sponsored meeting(s), project management meeting, etc. If there is any foreign travel, please identify.

<u>Purpose of Trip</u>	<u>Number of Trips</u>	<u>Cost Per Trip</u>	<u>Total</u>
In-state meetings, and national conferences.	4	\$1,500.00	\$6,000.00
In-state meetings, subgrantee monitoring, and out of state DOE conference or meeting.	4	\$1,500.00	\$6,000.00
		Travel Total	<u>                    </u> \$12,000.00

- b. Please provide the basis for estimating the costs, such as past trips, current quotations, Federal Travel Regulations, etc. All listed travel must be necessary for the performance of the award objectives.

Estimated costs based on past trips of similar nature/state travel policies.

**4. EQUIPMENT** - Equipment is generally defined as an item with an acquisition cost greater than \$5,000 and a useful life expectancy of more than one year.

- a. List all proposed equipment below and briefly justify its need as it applies to the objectives of the award.

<u>Equipment</u>	<u>Unit Cost</u>	<u>Number</u>	<u>Total Cost</u>	<u>Justification of Need</u>
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- b. Please provide a basis of cost such as vendor quotes, catalog prices, prior invoices, etc. and justify need. If the Equipment is being proposed as Cost Share and was previously acquired, please provide the source and value of its contribution to the project and logical support for the estimated value shown. If it is new equipment which will retain a useful life upon completion of the project, provide logical support for the estimated value shown. Also, please indicate whether the Equipment is being used for other projects or is 100% dedicated to the DOE project.

No equipment is needed for PY2015.

**5. SUPPLIES** - Supplies are generally defined as an item with an acquisition cost of \$5,000 or less and a useful life expectancy of less than one year. Supplies are generally consumed during the project performance.

- a. List all proposed supplies below, the estimated cost, and briefly justify the need for the supplies as they apply to the objectives of the award. Note that all direct costs, including Supply items, may not be duplicative of supply costs included in the indirect pool that is the basis of the indirect rate applied for this project.

<u>General Category</u>	<u>Cost</u>	<u>Justification of Need</u>
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- b. Please provide a basis of cost for each item listed above and justify need. Examples include vendor quotes, prior purchases of similar or like items, published price list, etc.

No supplies are needed for PY2015.

**6. CONTRACTS AND SUBGRANTS** - Provide the following information for New proposed subrecipients and subcontractors. For ongoing subcontractors and subrecipients, this information does not have to be restated here, if it is provided elsewhere in the application; under Name of Proposed Sub, indicate purpose of work and where additional information can be found (i.e. weatherization subgrants, Annual File section II.3).

<u>Name of Proposed Sub</u>	<u>Total Cost</u>	<u>Basis of Cost*</u>
Cal Steiner (Technical Monitor)	\$12,400.00	Cost proposal from contractor.



Budget Justification

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Western SD Community Action Agency (Rapid City, SD)	\$499,573.00	90% Low-Income Households (200% of the Federal Poverty Level), 10% Agency Coverage Area (Square Miles)
Northeast SD Community Action Agency (Sisseton, SD)	\$346,428.00	90% Low-Income Households (200% of the Federal Poverty Level), 10% Agency Coverage Area (Square Miles)
Interlakes Community Action Agency (Madison, SD)	\$447,480.00	90% Low-Income Households (200% of the Federal Poverty Level), 10% Agency Coverage Area (Square Miles)
Rural Office of Community Services (Lake Andes, SD)	\$417,876.00	90% Low-Income Households (200% of the Federal Poverty Level), 10% Agency Coverage Area (Square Miles)
Contracts and Subgrants Total	<u>\$1,723,757.00</u>	

\*For example, Competitive, Historical, Quote, Catalog

7. **OTHER DIRECT COSTS** - Other direct costs are direct cost items required for the project which do not fit clearly into other categories. These direct costs may not be duplicative of costs included in the indirect pool that is the basis of the indirect rate applied for this project. Examples are: conference fees, subscription costs, printing costs, etc.

a. Please provide a General Description, Cost and Justification of Need.

<u>General Description</u>	<u>Cost</u>	<u>Justification of Need</u>
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b. Please provide a basis of cost for each item listed above. Examples include vendor quotes, prior purchases of similar or like items, published price list, etc.

8. **INDIRECT COSTS**

a. Are the indirect cost rates approved by a Federal agency? If so, identify the agency and date of latest rate agreement or audit and provide a copy of the rate agreement.

b. If the above does not apply, indicate the basis for computation of rates, including the types of benefits to be provided, the rate(s) used, and the cost base for each rate. You may provide the information below or provide the calculations separately.

The name and phone number of the individual responsible for negotiating the State's indirect cost rates.

Name:

Phone Number:

**U.S. Department of Energy  
WEATHERIZATION ASSISTANCE PROGRAM (WAP)  
WEATHERIZATION ANNUAL FILE WORKSHEET**

**(State: SD, Program Year: 2017)**

**IV.1 Subgrantees**

<b>Subgrantee (City)</b>	<b>Planned Funds/Units</b>
Interlakes Community Action Agency (Madison)	\$447,480.00 54
Northeast SD Community Action Agency (Sisseton)	\$346,428.00 33
Rural Office of Community Services (Lake Andes)	\$417,876.00 51
Western SD Community Action Agency (Rapid City)	\$499,572.00 61
<b>Total:</b>	<b>\$1,711,356.00</b> <b>199</b>

**IV.2 WAP Production Schedule**

<b>Weatherization Plans</b>	<b>Units</b>
Total Units (excluding reweatherized)	199
Reweatherized Units	0

Note: Planned units by quarter or category are no longer required, no information required for persons.

<b>Average Unit Costs, Units subject to DOE Project Rules</b>		
<b>VEHICLE &amp; EQUIPMENT AVERAGE COST PER DWELLING UNIT (DOE RULES)</b>		
A	Total Vehicles & Equipment (\$5,000 or more) Budget	\$0.00
B	Total Units Weatherized	199
C	Total Units Reweatherized	00
D	Total Dwelling Units to be Weatherized and Reweatherized (B + C)	199
E	Average Vehicles & Equipment Acquisition Cost per Unit (A divided by D)	\$0.00
<b>AVERAGE COST PER DWELLING UNIT (DOE RULES)</b>		
F	Total Funds for Program Operations	\$1,173,720.00
G	Total Dwelling Units to be Weatherized and Reweatherized (from line D)	199
H	Average Program Operations Costs per Unit (F divided by G)	\$5,898.09
I	Average Vehicles & Equipment Acquisition Cost per Unit (from line E)	\$0.00
J	Total Average Cost per Dwelling (H plus I)	\$5,898.09

**IV.3 Energy Savings**

Method used to calculate savings: <input checked="" type="checkbox"/> WAP algorithm <input type="checkbox"/> Other (describe below)			
	Units	Savings Calculator (MBtus)	Energy Savings
This Year Estimate	199	29.3	5831
Prior Year Estimate	208	30.5	6344
Prior Year Actual	52	30.5	1586
<b>Method used to calculate savings description:</b>			
South Dakota's estimated energy savings for 2017 are shown on the following algorithm:			

**U.S. Department of Energy  
WEATHERIZATION ASSISTANCE PROGRAM (WAP)  
WEATHERIZATION ANNUAL FILE WORKSHEET**

**(State: SD, Program Year: 2017)**

<p><b>DOE Program Amount</b></p> <p>(A) Total DOE State Weatherization Allocation \$1,776,878</p> <p>(B) Total Cost associated with Administration, T&amp;TA, H&amp;S, Audits, Liability Ins. \$603,158</p> <p>(C) Subtract the amount entered in line (B) from line (A), for total Federal (DOE) funds available to weatherize homes \$1,173,720</p> <p>(D) Estimated State Average Cost per Home - \$5,900</p> <p>(E) Divide the amount entered on line (C) by the amount entered on line (D), for Total Estimated Homes to be Weatherized-199.</p> <p>(F) Multiply (E) by 30.5 MBtu** for Total Annual Estimated Energy Savings resulting from DOE appropriated fund 6,069.5 MBtu's</p> <p>**The most recent Meta Evaluation of the National Weatherization Assistance Program (ORNL/CON-493) estimates annual savings of 30.5 MBtu per year for natural gas heated homes. The study incorporates state-level evaluations for the period 1993-2005. While slightly lower than the estimated savings from the first Meta evaluation, which was 31.2 MBtu, the degree of confidence associated with the current estimate is higher because the greater number of studies included in the analysis. The current Meta evaluation result is considered a reasonable and conservative proxy for average energy savings from households of all fuel types.</p>
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**IV.4 DOE-Funded Leveraging Activities**

**IV.5 Policy Advisory Council Members**

Check if an existing state council or commission serves in this category and add name below

Cecilia Fire Thunder	Type of organization: Native Americans, elderly, disables and low-income population Contact Name: Phone: 60534072470 Email: <a href="mailto:c.firethunder@gmail.com">c.firethunder@gmail.com</a>
Hugh Grogan	Type of organization: Elderly, disabled, and low-income population Contact Name: Phone: 6053383833 Email: <a href="mailto:hubert.grogan@gmail.com">hubert.grogan@gmail.com</a>
Julia Dvorak	Type of organization: Children, low-income population Contact Name: Phone: 6058873561 Email: <a href="mailto:jmdvorak@sbslaw.net">jmdvorak@sbslaw.net</a>
Kaye Neller	Type of organization: Low-income, elderly, disabled individuals, and Native Americans Contact Name: Phone: 6059964604 Email: <a href="mailto:khnel@netscape.net">khnel@netscape.net</a>
Linda I. Wordeman	Type of organization: Other Contact Name: Phone: 6053913408 Email: <a href="mailto:sodakholdings@gmail.com">sodakholdings@gmail.com</a>
Richard Palmer	Type of organization: Non-profit (not a financial institution) Contact Name: Phone: 6058533198 Email: <a href="mailto:rpalmer@hur.midco.net">rpalmer@hur.midco.net</a>
Steven Deming	Type of organization: Children, low-income and Native American Contact Name: Phone: 6053902028 Email: <a href="mailto:steve.deming@chssd.org">steve.deming@chssd.org</a>

**U.S. Department of Energy**  
**WEATHERIZATION ASSISTANCE PROGRAM (WAP)**  
**WEATHERIZATION ANNUAL FILE WORKSHEET**

(State: SD, Program Year: 2017)

**IV.6 State Plan Hearings (Note: attach notes and transcripts to the SF-424)**

Date Held	Newspapers that publicized the hearings and the dates the notice ran

**IV.7 Miscellaneous**

**Recipient Business Officer**

Bill Regynski  
bill.regynski@state.sd.us  
700 Governors Drive  
Pierre, SD 57501  
605-773-5182

**Recipient Principal Investigator**

David Gall  
david.gall@state.sd.us  
910 E. Sioux Ave  
Pierre, SD 57501  
605-773-4131