

# INDIAN NATIONS COUNCIL OF GOVERNMENTS (INCOG)

## Rural Economic Action Plan (REAP) Application

### *TRANSPORTATION - 2016-2017*

#### I. APPLICANT INFORMATION

A. Name: \_\_\_\_\_ County: \_\_\_\_\_

B. Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

C. Applicant's Chief Elected Official: \_\_\_\_\_

D. Applicant's Contact Person (if other than chief elected official):

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

E. Population (for City/Town/Unincorporated Area of County): \_\_\_\_\_  
(Based on 2010 Census information)

#### II. PROJECT INFORMATION:

A. Project Description:

B. Project Location (attach map of target area):

C. Amount of Grant Request: \_\_\_\_\_

D. Anticipated Project Start Date: \_\_\_\_\_

E. Total number of people benefiting from project: \_\_\_\_\_

F. Project Budget (Form attached)

### III. REGIONAL OBJECTIVES

A. Does the project enhance economic development? Yes No If yes, please explain

B Does the project promote intergovernmental cooperation? Yes No If yes, please explain.

C Does the project promote public health and safety? Yes No If yes, please explain

D. Is the project included regional or local plans such as long range or capital improvement plans?  
Yes No If yes, please provide documentation.

E. Is the project multijurisdictional? Yes No If yes, please explain

### IV. TRANSPORTATION PROJECT IMPACT

A. Does it improve access to State Highway System? (explain):

B. Does it provide direct access to an existing or planned employment center? (please describe and quantify to the extent possible):

C. Does it eliminate safety hazards? (please describe):

D. Other Impacts (please describe):

**V. LOCAL EFFORT**

A. Narrative of local effort in the project/area (Attach additional sheets if necessary):

B.	Source*	Amount
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\*Source may be local funds, other grant funds, volunteer labor (list # of hours at \$10/hour) or donated materials (give actual or estimated worth).