## **INDIAN NATIONS COUNCIL OF GOVERNMENTS**

(INCOG)

## Rural Economic Action Plan (REAP) Application ECONOMIC/COMMUNITY DEVELOPMENT - FY 2019

	APPLICANT INFORMATION			
	Name:	County:		
	Address:	Phone:		
·		Fax:		
	Applicant's Chief Elected Official:			
,	Applicant's Contact Person (if other than chief elected official):			
ı	Name:			
,	Address:	Phone:		
		Fax:		
ļ	E-mail:	_		
	Population (for City/Town/Unincorporated Area of County):(Based on 2010 Census information)			
	PROJECT INFORMATION:	(= 300 3 0 1 20 10 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Project Description:			
	Project Location (attach map of target area):			
	Amount of Grant Request:			
	Anticipated Project Start Date:			
	Please describe steps which have been accomplished and/or will be required prior to			
	implementation:			
	Total number of people benefiting from	project.		

G.

Project Budget (Form attached)

## III. REGIONAL OBJECTIVES

A. C	oes the project enhance economic development?    Yes    No If yes, please explain			
B D	oes the project promote intergovernmental cooperation?   Yes  No If yes, please explain.			
C D	oes the project promote public health and safety? □Yes □No If yes, please explain			
Ye	s the project included regional or local plans such as long range or capital improvement plans? es \(\Boxed{Q}\)No \(\Delta\) If yes, please provide documentation.  s the project multijurisdictional? \(\Delta\)Yes \(\Delta\)No \(\Delta\) If yes, please explain			
IV.	ECONOMIC/COMMUNITY DEVELOPMENT PROJECT IMPACT			
A.	Does the Project create Jobs (attach additional sheets if necessary):			
B.	Explain Impact (attach additional sheets if necessary):			
٧.	LOCAL EFFORT			
A.	Narrative of local effort in the project/area (Attach letters designating source and amount of local match and/or agreements with other contracting entities.)			

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