INDIAN NATIONS COUNCIL OF GOVERNMENTS

(INCOG)

Rural Economic Action Plan (REAP) Application

COMMUNITY DEVELOPMENT - FY 2024

I.   APPLICANT INFORMATION

A.   Name:_____ County:_____

B.   Address:_____ Phone:_____

_____ Email:_____

C.   Applicant's Chief Elected Official: _____

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

Name:_____

Address:_____ Phone:_____

_____

E-mail: _____

E.   Population (for City/Town/Unincorporated Area of County): _____
(Based on most recent Decennial Census information)

Total number of people benefiting from project: _____

II.   PROJECT INFORMATION:

A.   Detailed Project Description (refer to the description in your engineering report or detailed budget for assistance) : _____

_____

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

_____

C.   Amount of Grant Request (REAP $): _____

Total Project Cost (all sources of funding): _____

D.   Anticipated Project Start Date (Assume contract award Jan 2023, # of days after contract award): _____

E.   Detailed Project Budget (Form attached)

F.   Attach cost estimate(s) (ex. Catalog pages, Engineering Estimate, County Quote, other quotes, etc.).

G.   Check all items (that apply) and have been accomplished to date:

___ Engineering Report or Cost Estimate

___ Quotes

___ Other _____

III.   REGIONAL OBJECTIVES (2 pts each)

A. Does the project promote public health and safety? (Including do you have a Consent Order or Notice of Violation?) ❑Yes ❑No   If yes, please explain and provide a copy of the Consent Order or Notice of Violation, if applicable..

_____

_____

_____

B. Does the project enhance economic development (e.g. adds permanent jobs, brings in new business)?   ❑Yes ❑No   If yes, please explain:

_____

_____

_____

C. Does the project promote intergovernmental cooperation? ❑Yes ❑No If yes, please explain:

_____

_____

_____

D. Is the project included in regional or local plans such as a comprehensive plan, strategic plan, capital improvement plan (CIP), hazard mitigation plan or similar plans?

❑Yes ❑No   **If yes, please provide documentation and list the name of the plan.**

_____

_____

IV.   PROJECT IMPACT (Up to 15 points total)

A. Explain Health and Safety Impact (e.g. Water/sewer line improvements, emergency preparedness, fire projects, etc.):

_____

_____

_____

_____

B.   Please describe any other impacts your project may have:

_____

_____

_____

V.   LOCAL EFFORT (not required, but up to 5 points are awarded for match)

A.   Please describe additional local resources such as local funds, labor and materials, etc. and list below. (including Community/ County labor and equipment)

_____

_____

_____

_____

_____

B.   Non-REAP Source*   Non-REAP Funding Amount

_____

_____

_____

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