

# INDIAN NATIONS COUNCIL OF GOVERNMENTS (INCOG)

## Rural Economic Action Plan (REAP) Application

### COMMUNITY DEVELOPMENT - FY 2025

#### 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. 1. Population (for City/Town/Unincorporated Area of County): \_\_\_\_\_  
(Based on most recent Decennial Census information)

2. Total number of people benefiting from project: \_\_\_\_\_  
(This may be different from the population number)

#### 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 2025, # 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.).

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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? Yes No If yes,-please explain:

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Do you have a Consent Order or Notice of Violation? Yes No If yes, Please provide a copy

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

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

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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.**

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**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.):

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

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**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)

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