Rural Economic Action Plan (REAP) Application
COMMUNITY DEVELOPMENT - FY 2027

I. APPLICANT INFORMATION

A. Name _____ County _____

B. Address _____ City_____ State _____ ZIP _____

Phone _____ Email _____

C. Applicant's Chief Elected Official _____

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

Name _____

Address _____ City_____ State _____ ZIP _____

Phone _____ Email _____

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 2027, number 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? ❑ Yes ❑ No
If yes, please explain: _____

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

B. Is there an Economic Development component to this project? Does this project create permanent jobs or bring in new business? ❑ Yes ❑ No If yes, please explain:

C. Is there an intergovernmental component to this project? Are any other governmental bodies contributing funds/in-kind efforts or materials to this project? ❑ 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 pts each)*

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. Does your Community have a Sales Tax Rate? If so, what is the current rate: _____

C. If additional funds are being contributed to this project, please describe where these funds are coming from.
These non-REAP funds must also be reflected on the project application budget form.

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).*

Once completed, email the completed application along with substantiating documentation, to:
grants@incog.org
— OR —
mail this this application along with substantiating documentation, to:
INCOG
Attn: JT Darling
2 West Second Street, Suite 800
Tulsa, OK 74103
If you have any questions, contact JT Darling at 918-579-9494 or jdarling@incog.org