



Rural Economic Action Plan (REAP) Application

TRANSPORTATION - 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)

III. REGIONAL OBJECTIVES (2 pts each)

A. 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:

B. 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:

C. Does it promote public health and safety? ☐ 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 (CIP) plan, hazard mitigation plan, or similar plans? ☐ Yes ☐ No

If yes, please provide documentation and list the name of the plan. _____

IV. TRANSPORTATION PROJECT IMPACT (5 pts each)

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

B. Does it provide direct access to an existing or planned employment center (ex. hospital, industrial park, commercial district)? Please describe and quantify to the extent possible:

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

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

A. Narrative of local effort in the project/area (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