

Sample Application

RURAL ECONOMIC ACTION PLAN (REAP) APPLICATION NUMBER: REAP _____

I. APPLICANT INFORMATION

- A. Name: _____ County: _____
- B. Contact Person: _____ District: _____
- C. Address: _____

_____ Phone: _____
Fax No: _____
E-Mail: _____
- D. Applicant's Federal Identification Number (FEIN): _____
- E. Applicant's Duns Number: _____
- F. What type of entity is this application for _____ :
- G. Alternate Contact person: _____ Phone: _____
- H. Population of City/Town/County District: _____
- I. Total funds available for current year operational budget: _____
- J. Senate District : _____ House District : _____
- K. Is the entity applying incorporated: Yes _____ No _____
If yes is it required by the State Auditor's Office to submit to an annual audit or an
agreed-upon-procedure report? Yes _____ No _____

II. PROJECT INFORMATION

- A. Project Description: _____

- B. Project location: _____

C. **Project Type** (per Soda and HB 3291 Listing): _____

D. Total number of people benefiting from project: _____

E. Amount of grant request-See #3 on website application page for Max Amt _____

F. Total other grants (type and amount): _____

G. Local effort (type and amount): _____

H. Total Project Costs :(E +F +G = H **(Program will total)** _____

III. PROJECT IMPACT

A. Does the project create and/or save jobs **(If yes a copy of your affidavit must be attached)**
 Yes _____ No _____ NA _____

B. Are you a current member of SODA in good standing?
 Yes _____ No _____

C. Does your entity have a multi-jurisdictional/cooperative agreement **(If yes a copy of your agreement must attached)**
 Yes _____ No _____ NA _____

D. Is the project under a Consent Order **(If yes a copy of your Consent Order must be attached)**
 Yes _____ No _____

E. Describe your projects significance. **This Narrative is Crucial.** (Please, keep size to no more than 3,500 characters) _____

F. Do you have a completed Oklahoma Department of Commerce Capital Improvement Plan? (CIP) **Yes** _____ **No** _____

G. If so, is this project listed on the "Total Capital Needs Summary" of your CIP Plan (**If yes a copy of your Total Capital Needs Summary must be attached**)

Yes _____ **No** _____

H. Is this project a construction project or improvement to land or building (**If yes a copy of the your Lease/Deed must be attached**)

Yes _____ **No** _____

I. Does your entity have a Hazard Mitigation Plan (or is it included in a County Plan)?

Yes _____ **No** _____

J. **Project Outcome/Impact (Per Table 7):** _____

K. What would be the impact if your project did not receive funding? _____

