

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. What type of entity is this application for _____ :
- F. Alternate Contact person: _____ Phone: _____
- G. Population (for City/ Town/ Unincorporated area): _____
- H. Total funds available for current year operational budget: _____
- I. Senate District : _____ House District : _____
- J. 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)** _____
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III. PROJECT IMPACT

A. Does the project create and/or save jobs (affidavits/documentation must be mailed in)?

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?

A COPY OF THE AGREEMENT MUST BE MAILED IN

Yes _____ **No** _____ **NA** _____

D. Is the project under a Consent Order?

A COPY OF THE CONSENT ORDER MUST BE MAILED IN

Yes _____ **No** _____

E. Describe your projects significance. If you need additional room, attach another sheet labeled "Project Significance Narrative". **This Narrative is Crucial.** (Please, keep size to no more than 7,000 characters or ½ of a typed 8 ½ x 11 size page) _____

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

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 mailed in.

Yes _____ No _____

G. Is this project a construction project or improvement to land or building?

Yes _____ No _____

If Yes Lease/Deed must be mailed in for your application to be considered for funding.

**PLEASE REMEMBER: THE SIGNATURES MUST BE THE AUTHORIZED PERSONS
IN THE COUNTY/CITY RESOLUTION**

_____ <i>Signature of Official Authorized in Resolution</i>	_____ <i>Signature of Alternate Authorized in Resolution</i>
_____ <i>Date</i>	_____ <i>Date</i>
