

Sample Application

RURAL ECONOMIC ACTION PLAN (REAP) APPLICATION NUMBER: REAP 24-_____
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I. APPLICANT INFORMATION

- A. Name: _____ FBO: _____
(City, Town, or County) (Fire Dept, Emergency Mgnt, Water Authority, etc.)
- B. Contact Person: _____ County: _____
- C. Address: _____ District: _____
_____ Phone: _____
- D. E-Mail: _____
- E. Applicant's Federal Identification Number (FEIN): _____
- F. Unique Identifier Number: _____
- G. What type of entity is this application for: _____
- H. Alternate Contact person: _____ Phone: _____
- I. Population (for City/ Town/ Unincorporated area): _____
- J. Total funds available for current year operational budget: _____
- K. Senate District: _____ House District: _____
- L. 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) \$ _____

	Grant / Other	Amount
F. Total other grants (type and amount):	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

	In-Kind / Other	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 (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 ATTACHED

Yes _____ No _____ NA _____

D. Is the project under a Consent Order?

A COPY OF THE CONSENT ORDER MUST BE ATTACHED

Yes _____ No _____

E. Describe your project's 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 1/2 of a typed 8 1/2 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 attached.

Yes _____ No _____

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

Yes _____ No _____

If yes a copy of the Lease/Deed must be attached.

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

Yes _____ No _____

I. Project Outcome/Impact (from drop down list):

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

**THE SIGNATURES MUST BE THE AUTHORIZED PERSONS ON THE COUNTY/CITY
RESOLUTION**

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