

INDIAN NATIONS COUNCIL OF GOVERNMENTS (INCOG)

Rural Economic Action Plan (REAP) Application

COMMUNITY DEVELOPMENT - FY 2023

I. APPLICANT INFORMATION

A. Name: _____ County: _____

B. Address: _____ Phone: _____

_____ Email: _____

C. Applicant's Chief Elected Official: _____

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

Name: _____

Address: _____ Phone: _____

E-mail: _____

E. Population (for City/Town/Unincorporated Area of County): _____
(Based on most recent Decennial Census information)

Total number of people benefiting from project: _____

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 2023, # 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.).

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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? (Including do you have a Consent Order or Notice of Violation?) Yes No If yes,-please explain and provide a copy of the Consent Order or Notice of Violation, if applicable..

B. Does the project enhance economic development (e.g. adds permanent jobs, brings in new business)? Yes No If yes, please explain:

C. Does the project promote intergovernmental cooperation? 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.**

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IV. PROJECT IMPACT (Up to 15 points total)

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.	Non-REAP Source*	Non-REAP Funding Amount
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*Sources may be local funds, other grant funds, volunteer labor (list # of hours at \$10/hour) or donated materials (give actual or estimated worth).