

# INDIAN NATIONS COUNCIL OF GOVERNMENTS

(INCOG)

## Rural Economic Action Plan (REAP) Application

### TRANSPORTATION - FY2024

#### 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)

#### 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): \_\_\_\_\_

A. Anticipated Project Start Date (Assume contract award Jan 2023, # of days after contract award): \_\_\_\_\_

E. Total number of people benefiting from project\* (ex. Traffic Count): \_\_\_\_\_

\*Actual number of Individuals benefiting from the project (might be different than the total population)

F. Detailed Project Budget (Form attached)

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**III. REGIONAL OBJECTIVES (2 pts each)**

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

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B. Does the project promote intergovernmental cooperation? Yes No **If yes, please explain:**

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C. Does it promote public health and safety? Yes No **If yes, please explain:**

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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.**

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**IV. TRANSPORTATION PROJECT IMPACT (5 points each)**

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

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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:

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

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**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):

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B. Non-REAP Source\*

Non-REAP Funding Amount

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\*Source may be local funds, other grant funds, volunteer labor (list # of hours at \$10/hour) or donated materials (give actual or estimated worth). *If the use of county crews and/or equipment is planned, please provide an estimate from the county.*