

# FY24 OEDA REAP APPLICATION

REAP Request Amount: \_\_\_\_\_

**Project Category:** *(See FY24 Project Category List. OEDA's ranking: #1=highest priority down to #5=lowest priority.)*

1) Infrastructure: \_\_\_\_\_

4) American's with Disabilities Act (ADA): \_\_\_\_\_

2) Emergency Services: \_\_\_\_\_

5) Other: Municipal \_\_\_\_\_ Buildings \_\_\_\_\_ Parks \_\_\_\_\_  
*(pavilions only)*

3) Economic Development: \_\_\_\_\_

**Project Name:** *(example: resurfacing streets, water line improvements, new fire station, etc.)*

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## Applicant Information

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of Chief Elected Official and Title: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Clerk: \_\_\_\_\_

Email: \_\_\_\_\_

Population: \_\_\_\_\_ SAM.gov UEI: \_\_\_\_\_  
*(under 7,000 from the current Federal Decennial Census)*

House District #: \_\_\_\_\_ Senate District #: \_\_\_\_\_

Name of Legal Council: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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## Second Party Applicant Information

*(Complete this section only if county is applying on behalf of your entity.)*

Name of Second Party: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Contact Person and Title: \_\_\_\_\_

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*(Municipal Fire Departments – must submit a letter of support from your municipality with application)*

### Project Priority and Justification:

(Explain the need of the project and list specific benefits to your community. Why is the project a high priority to fund? Example: economic growth provides jobs, enhances quality of life, attract new residents, etc.)

### Project Impact:

Number of Beneficiaries	Number of Homes Built	Number of Businesses Serviced	Number of Permanent Jobs Retained	Number of Permanent Jobs Created

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### Consent Order Information

- Is your city/town under OCC consent order / violation? YES\_\_\_\_\_ NO\_\_\_\_\_
  - If YES, is it involved or a part of this project? YES\_\_\_\_\_ NO\_\_\_\_\_
- Is your city/town under ODEQ consent order / violation? YES\_\_\_\_\_ NO\_\_\_\_\_
  - If YES, is it involved or a part of this project? YES\_\_\_\_\_ NO\_\_\_\_\_
- If your consent orders/violations are not involved or a part of this project, why is it not a higher priority than the project you are requesting funds for?

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### Strategic Planning

- Has your community completed / started a Capital Improvement Plan (CIP)? YES\_\_\_\_\_ NO\_\_\_\_\_
  - If YES, what year is your most current CIP? \_\_\_\_\_
  - If YES, how is this project prioritized (as listed in your CIP)?
    - Mandatory(M)\_\_\_ Essential (E)\_\_\_ Desirable (D)\_\_\_ Deferrable (Y)\_\_\_ not Listed\_\_\_
  - *If YES, submit only the Capital Needs Summary form from the CIP. Do not attach the Full CIP.*
- Are you willing to do the project in stages if full funding is not available? YES\_\_\_\_\_ NO\_\_\_\_\_
- Can you complete the project as described if full funding is not available? YES\_\_\_\_\_ NO\_\_\_\_\_
- Will you be applying for other funding to use for this project including, but not limited to CDBG grant, OWRB grant, USDA grant/loan, etc.? YES\_\_\_\_\_ NO\_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_  
*(Use the same name of applicant from the application information section)*

PROJECT CATEGORY: *(Use the same project category from the start of the application)*

- |                                |   |
|--------------------------------|---|
| 1) Infrastructure: _____       | 4) American's with Disabilities Act (ADA): _____      |
| 2) Emergency Services: _____   | 5) Other: Municipal _____ Buildings _____ Parks _____ |
| 3) Economic Development: _____ | <i>(pavilions only)</i>                               |

PROJECT NAME: \_\_\_\_\_  
*(Use the same project name from the start of the application)*

**Financial (Leverage)**

A. REAP Request Amount \$ \_\_\_\_\_

B. Local Contribution \$ \_\_\_\_\_

C. Other Funds *(loans, grants, sales tax)* \$ \_\_\_\_\_

Source of other funds:	
Date other funds available:	
Award date of other funds:	

TOTAL PROJECT COST (A+B+C) \$ \_\_\_\_\_

**➔ TOTAL PROJECT COST SHOULD EQUAL COST ESTIMATES ➔**

Photos and/or Map Provided: YES \_\_\_\_\_ NO \_\_\_\_\_

Legal Description: \_\_\_\_\_

Landowner Information: \_\_\_\_\_

**Project Description:**

*(Provide DETAILED written description of the project. Include legal description of locations, building plans, materials, quantities, amounts and measurements. Include professional cost estimate with this application.)*

# RESOLUTION

## AUTHORIZING APPLICATION FOR FINANCIAL ASSISTANCE FROM THE RURAL ECONOMIC ACTION PLAN (REAP) FUND

Whereas, the \_\_\_\_\_ desires to seek funding from the Rural  
Economic Action Plan Fund (REAP) for \_\_\_\_\_ in the  
\_\_\_\_\_; and

Whereas, it is in the best interest of the residents of \_\_\_\_\_ to  
expedite the preparation and submission of an application for financial assistance from the Rural  
Economic Action Plan Fund (REAP), in the form of a grant; and

Whereas, the \_\_\_\_\_ will consider accepting less than the  
requested amount or staging the project in phases if full funding is not available; and

Whereas, the \_\_\_\_\_ has and pledges \_\_\_\_\_  
towards this project if full funding is not awarded.

now, therefore, be it resolved that, the \_\_\_\_\_ of the  
\_\_\_\_\_ is hereby authorized and directed to sign an application and related  
documents necessary to file and process a grant application through the Rural Economic Action Plan  
Fund (REAP) on behalf of the \_\_\_\_\_.

PASSED AND APPROVED by the \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Typed Name and Title of Chief Elected Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chief Elected Official

(SEAL)

Attest:

Subscribed and sworn to before me \_\_\_\_\_, 20\_\_\_\_.

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Signature of County, City or Town Clerk

# FY24 Project Category List

Points will be awarded for projects in these 5 categories.  
Categories listed in priority level. Number one is highest priority down to number five being the lowest priority.

## 1. **INFRASTRUCTURE IMPROVEMENTS:**

Any water, wastewater, street, electrical, or gas project. Engineering and architect fees will be allowable only if tied to a CDBG application, or the REAP application is not for just engineering and/or architect expenses only. Inspection, maintenance and administrative fees are non-allowable costs. Those projects under Oklahoma Department of Environmental Quality (ODEQ) consent order will be given additional priority points in this category.

## 2. **EMERGENCY SERVICES:**

Fire, police, healthcare and EMS, which includes vehicles, buildings, and equipment, storm shelters, storm sirens etc. Provision of rural protection services and public safety services.

## 3. **ECONOMIC DEVELOPMENT:**

The project creates jobs, increases population, housing construction, or can exhibit an increased or positive financial impact on the local economy; such as tax revenue, utility sales etc.

## 4. **AMERICAN'S WITH DISABILITIES ACT (ADA):**

Projects that will provide handicapped accessibility to any municipal facility.

## 5. **OTHER:**

Any other type of project will be prioritized in this order:

A. **MUNICIPAL:** Construction or improvements to city building, purchase of equipment, tractors, backhoes, paving of parking lots, utility vehicles, etc.

B. **BUILDINGS:** Community buildings, senior nutrition centers, meeting rooms or similar public facilities (libraries; museums).

C. **PARKS:** Pavilions only.

# OEDA REAP APPLICATION CHECK LIST

## Needed Documents for Application Compliance

- ☐ Completed Application
- ☐ Professional Cost Estimate
- ☐ Resolution
- ☐ Municipal Support Letter (Municipal Fire Dept. only)
- ☐ Consent Order / Violation (if applicable)
- ☐ CIP Capital Needs Summary Form or Resolution amending your CIP (if applicable)
- ☐ Procurement Policy
- ☐ Photos and/or Maps of Proposed Project
- ☐ Most Recent Audit
  - \* If county sponsored, provide county's most recent audit.
  - \* If rural fire district/depts., provide county's most recent audit and copies of two most recent month bank statements.
- ☐ Inform OEDA of other funds used to finance the project in the Strategic Planning Section of the application and on Attachment A.