

**2020-2021
COEDD REAP APPLICATION FORM**

1a. Local Government Name:	1b. Address:		
1c. Federal ID #:			
1d. Funding Priority (if more than one project submitted):			
1e. Contact Person Name and Title:	1f. Contact Person's Phone:		
1g. Mayor's Name:	1h. Mayor's Phone:		
1i. Fax Number:	1j. House District _____		Senate District _____

2a. Description and Location of Project (Attach Map):	
2b. Why is project needed and can project be completed with amount of funds requested?	
2c. Cost Estimates Attach Details:	2d. Anticipated Start Date:
2e. Date CIP Plan Date Adopted: _____ Submit page of CIP Plan showing this project is part of the Plan.	2f. City or County Current Operating Budget

3a. Total Project Cost	3b. Amount of REAP Request	3c. Other Funding to be used in Project: (Include In-Kind)	
3d. Number of people directly served or benefited: _____		Source	Amount
3e. Number of jobs created and/or saved: _____			

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