Central Oklahoma Economic Development District

RURAL ECONOMIC ACTION PLAN (REAP) GRANT APPLICATION

Applications may be mailed, or hand delivered to:

**David A. Hinkle, Executive Director**

**400 N. BELL STREET**

**PO BOX 3398**

**SHAWNEE, OKLAHOMA 74802-3398**

Phone: (405) 273-6410 ext. 100

Applications for REAP grants **MUST** be in the COEDD offices by

**5 P.M., October 31, 2025.**

***CHECK LIST***

 **Application – Must be legible, ALL BLOCKS MUST be complete.**

 **Map – Must show project location and legal description.**

 **Cost Estimates – Must have cost estimate to be eligible.**

 **Other Funding - Must show all sources (including in-kind).**

 **CIP Plan – Must attach page of CIP Plan showing projects need.**

 **Certification – Must complete Certification.**

 **Resolution – Must be passed by governing board.**

**2025-2026 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: \_\_\_\_\_\_\_\_ |  |  |

CERTIFICATION

STATE OF OKLAHOMA )

 : SS

COUNTY OF )

I, , THE DULY ELECTED OFFICIAL OF

 CERTIFY THAT I AM AUTHORIZED TO SUBMIT THE ATTACHED APPLICATION; AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION THEREIN SET FORTH IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT. I ALSO CERTIFY THAT THE USE OF THE FUNDS SOUGHT UNDER THIS APPLICATION WILL BE USED FOR LAWFUL PURPOSES UNDER STATE AND FEDERAL LAW. AUTHORIZATION FOR THIS APPLICATION WAS APPROVED BY THE GOVERNING BODY ON THIS DAY OF , 2025.

 CHIEF ELECTED OFFICIAL

 FOR:

 NAME:

 TITLE:

ATTEST:

(CLERK/SECRETARY)

SEAL

**SAMPLE RESOLUTION**

**AUTHORIZING APPLICATION FOR**

**FINANCIAL ASSISTANCE FROM THE**

**RURAL ECONOMIC ACTION PLAN FUND**

 **WHEREAS,** the (Governmental Entity) desires to seek funding from the Rural Economic Action Plan Fund for (project description) in the (Governmental Entity); and

 **WHEREAS**, it is in the best interest of the residents of (Governmental Entity) to expedite the preparation and submission of an application for financial assistance from the Rural Economic Action Plan Funds in the form of a grant.

 **NOW THEREFORE, BE IT RESOLVED** that the (Chief Elected Official) of the (Governmental Entity) 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 on behalf of the (Governmental Entity).

 **PASSED AND APPROVED** by the (Governmental Entity) Governing Body this day of

 ,2025

BY:

ATTEST:

(CLERK/SECRETARY)

SEAL

Please name source of estimates and attach copies of cost estimates. Cost estimates should be from a qualified person or company familiar with the nature and scope of the project.

Has the applicant completed a Capital Improvements Plan? If so, when was it adopted by the governing body. (Please attach minutes of meeting where adopted). If yes, please provide copy of CIP plan listing project as a priority

Please describe why this project is important to the local government. What information was considered when selecting this project?

The Oklahoma Department of Commerce Office needs to be able to visit the project site. Please give a clear description of the project and its location. For instance, if it is a street improvement project, the streets being improved should be identified by the name of the street and the beginning and ending points of improvements (e.g. Main St. from Broadway to E. 3rd St.) If the project is a building, indicate its location (e.g. new community center located on the N.W. corner of Main and Broadway).

The project description should also be clear and complete. (e.g. shape and compact street base and apply 4” of asphalt or construct a 6,000 square foot pre-engineered metal building). A project description sheet may be attached, or you may enter the description in this space.

If the project has a physical location, prepare a map showing where project features are. For instance, a street improvement project would show streets being improved. A community center building project would show location of the building project. Maps should be legible. Maps may be attached or drawn in this space.

Please attach information on other funding (including In-kind) that will be used in this project. Please give date and status of funding e.g. approved by council or commission (8/13/00), loan approved by 1st bank (7/22/00), CDBG grant awarded (9/24/00), on RD grant funding wait list-funding expected 1/15/01), etc.

**TO APPLY FOR A REAP GRANT**

**1**

HAVE ALL CLOSE-OUT PAPERS FOR PREVIOUS REAP PROJECTS IN COEDD OFFICE BY 5 PM, 11/30/25. (**PROJECT MUST BE COMPLETED.)**

**2**

PROVIDE ALL PAPERS AND INFORMATION REQUESTED (FILL IN ALL BLANKS ON THIS REAP APPLICATION FORM.) **INCOMPLETE APPLICATIONS CAN BE REJECTED.**

**3**

ALL INFORMATION PROVIDED WITH THIS FORM MUST BE READABLE.

**4**

APPLICATION MUST BE IN COEDD’S OFFICE NO LATER THAN 5 PM, OCTOBER 31, 2025.

**5**

A RESOLUTION PASSED BY THE LOCAL GOVERNING BODY MUST ACCOMPANY APPLICATION (SEE ENCLOSED EXAMPLE)