

REAP Application for 2018

**South Western Oklahoma Development
Authority**

P.O. BOX 569

BURNS FLAT, OK 73624

1-580-562-4882 ext 109

1-800-627-4882

**Contact our Community Development
Specialist:**

Clyde Morgan

**Applications must be received no later
than: September 28, 2017 AT 4:30 P.M.**



FOR OFFICE USE ONLY
APPLICANT:
PROJECT:
AMOUNT:
SENATE DIST- REPRESENTATIVE DIST -

Application Deadline 09/28/17

RURAL ECONOMIC ACTION PLAN (REAP)
2018 APPLICATION

I. APPLICANT INFORMATION

Entity Name (City, Town or County):
Address: County: Population: (2010 Census)
City/State/Zip:
Phone: Fax: Email:
Federal Employer Identification (FEI) Number:
Chief Elected Official (Mayor or Chairman of Commissioners):

Project Contact Name:
Email: Phone:

II. SECOND PARTY APPLICANT

(Complete this section only if county is applying on behalf of an unincorporated area/entity. Entities must also complete Interlocal agreement with County on page 8).

Name of Second Party:
Address: Population: (2010 Census, see instructions)
City/State/Zip:
Contact Person:
Phone: Fax: Email:

County Commissioner Certification of Population (Signature): _____

III. PROJECT INFORMATION

A. Project Description: (Submit Contractor/Vendor estimates, quotes, preliminary drawings, engineering, etc. for project).

B. Project location (Attach map of project area if applicable):

C. Total project cost: \$ _____

D. Amount of REAP grant request: **(\$75,000 REAP Grant Maximum)** \$ _____

E. Complete REAP Budget *(page 3)*

REAP BUDGET

Entity _____

Project _____

Description of Activity	REAP Budget	Leverage Sources		
		<i>State & Federal Funding</i>	<i>Local</i>	<i>Local In-Kind</i>
Totals	\$	\$	\$	\$
Total Leverage (total of 3 columns)		\$		
Total Project Cost		\$		

IV. PROJECT IMPACT

- A. Total number of persons *directly* benefiting from project: _____
(Total beneficiaries cannot exceed the population.)
- B. Does the project create and/or save jobs? (circle one) Yes No
If yes, how? Submit a copy of business plan or financing proposal.
- C. Does the project address a health or safety need for the applicant? (circle one) Yes No
If yes, please address one of the following:
- **Provide documentation of a critical health/safety issue**
(i.e. attach DEQ citation, consent order)

V. LOCAL EFFORT

- A. Check **each** of the applicable items below to indicate community involvement and/or local effort in this project:
- CIP
 - Public Hearings - including minutes
 - Local Event
 - Firewise plan
 - Other
- B. Please describe how you involved the community in the selection process for this project? **Provide documentation.**
- C. Is this project identified in the top five (5) priorities determined by the Capital Needs Summary of the CIP? Yes or No
- If Yes, attach a copy of the CIP Capital Needs Summary.**
- D. An alternative **Statement of Capital Needs** may be completed and certified by the Entity Chairman. (Page 9)

E. Include Adopted **Resolution** (page 6)

F. If this project is multi-jurisdictional (involves more than one political entity), please complete and have all parties sign the **Interlocal Cooperative Agreement** included in this packet. (Page 7)

CONTRACT PERIOD: Contracts for 2018 REAP projects will be for twelve (12) months. If necessary for project completion, a one-time six (6) month extension may be submitted to our Community & Economic Development Division for consideration. Our division will then make recommendation to the SWODA Board of Trustees.

I certify that this project has been reviewed and approved for submittal at a public meeting. I understand that this project is subject to all applicable state laws.

**Signature of Mayor or
Chairman of County Commissioners**

Title

Date

RESOLUTION NO. _____

RESOLUTION OF THE _____ OF _____,
OKLAHOMA, AUTHORIZING APPLICATION FOR FINANCIAL ASSISTANCE FROM
THE RURAL ECONOMIC ACTION PLAN FUND THROUGH THE SOUTH WESTERN
OKLAHOMA DEVELOPMENT AUTHORITY.

WHEREAS, the _____ desires to seek funding from the Rural Economic
Action Plan fund through the South Western Oklahoma Development Authority for the following
purposes: _____
_____ and;

WHEREAS, it is in the best interest of the residents of the _____
to expedite the preparation and submission of an application for financial assistance and the
execution of documents and contracts if the assistance is awarded; and

NOW, THEREFORE, BE IT RESOLVED by the _____ of
_____ that the Chief Elected Official is hereby authorized and
directed to sign and execute an application, contract and other related documents necessary to
apply for, receive and implement a Rural Economic Action Plan project on behalf of
_____.

PASSED, APPROVED AND ADOPTED BY THE _____ of the
_____ this _____ day of _____, 20_____.

Signature

Name and Title

(SEAL)

ATTEST:

Signature

Name and Title

INTERLOCAL COOPERATION AGREEMENT
(For Road/Street projects)

THIS AGREEMENT, entered into on this _____ day of _____, 20____, between the City/Town of _____, and _____, for the purpose of:

ARTICLE I: DURATION

This Agreement will be in full force and binding upon the parties thereto upon the execution of this Agreement and shall continue in full force and effect for the duration of the project.

ARTICLE II: PURPOSE

The parties hereto, through their respective governing bodies, hereby find and declare:

WHEREAS, the above named cities/town needs assistance in developing and implementing a project to be funded, in part, with REAP funds; and

WHEREAS, _____ has the equipment and resources to accomplish the project in conjunction with _____;

WHEREAS, the parties hereto are in agreement to cooperate and to share resources; and

NOW THEREFORE, in consideration of the foregoing and in compliance with and pursuant to the provisions, terms and conditions of Title 74 O.S. 1991, Sections 1001 et. Seq., the participating city/town and county agree to contribute in-kind and direct services as approved by the individual governing bodies, and thereby to provide services and facilities in a manner pursuant to governmental organization.

IN WITNESS WHEREOF, the said parties have caused this instrument to be executed by their respective officers the day and year first above written.

Signature

Signature

Name and Title

Name and Title

Date

Date

(SEAL)

ATTEST:

Signature

Name and Title

INTERLOCAL COOPERATION AGREEMENT
(For equipment or vehicles)

Interlocal Agreement between _____ and
_____ County Commissioners.

**Regarding use of equipment obtained with
Rural Economic Action Plan (REAP) funds through County sponsorship.**

_____, upon receipt of equipment cited herein, agrees to the following terms regarding its use:

1. Entity may not sell, transfer or otherwise convey ownership of equipment without official approval of the County Commissioners. In no case, may ownership be transferred within five (5) years of date of receipt of equipment.
2. Other than the requirements cited herein, the County is hereby absolved from any responsibility for said equipment including, but not limited to, maintenance, repair, insurance and liability.
3. Equipment: _____

Signature

Signature

Name and Title

Name and Title

Date

Date

(SEAL)

ATTEST:

Signature

Name and Title

STATEMENT OF CAPITAL NEEDS

Entity:

Date:

#	Project Name	Justification or Comments	Cost	Funding Sources

To promote orderly development and growth of _____, and to continuously improve the quality of life of the residents of _____, County. Board members of _____, gathered public input, met at a public meeting, discussed, and approved the capital improvement needs listed above. These needs are outside the ability of our normal operating budget.

Chairman

