

2021-2022 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. Chairman'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?	
2c. Cost Estimates Attach Details:	2d. Anticipated Start Date:
2e. Date CIP Plan Date Adopted: _____	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: _____			