



Eastern Oklahoma Development District (EODD)
FY 2024 REAP Application

DEADLINE FOR APPLICATION IS 3:00 PM, THURSDAY, AUGUST 31ST., 2023

1. Governmental Entity Sponsoring Application:

Name: Muskogee County - District 2

2. Contact Person(s): Keith Hyslop, Commissioner

Address: PO Box 2307

City, State, Zip: Muskogee, Oklahoma 74402

Telephone Number: (918) 682-7101 Email: khyslop@readymuskogee.org

3. Federal Employer Identification (FEI) Number (Sponsor): 73-6006395

4. UIN Number: CAX6CFXJLQ69 5. County: Muskogee

6. Population of Area to be Served: <7000 (Must be 7,000 or less)

7. Current Year's Budget:

8. Total Project Cost: \$ 130,000.00

9. Other Grant Funding: N/A

10. Local Effort: \$ 30,000.00

10(a). What account is Local Effort coming from? M&O

10(b). Are Local Effort Funds available? Yes

If NO, when will funds be available?

11. REAP Grant Request (Line 8 minus lines 9 & 10): \$ 100,000.00

12. Low Moderate to Income (LMI) Level: 46.22 (If not known EODD will provide number)

13. Number of Jobs Created and/or Saved if applicable:

14. A. Will this project be on public property? Yes xx No

B. Who owns the property? Muskogee County

C. If the project is on private property, is there a long-term lease? Yes No

D. How long is the lease?

15. Is this project included in your CIP Total Capital Needs Summary and 5 Year Plan?

Yes No If yes, what priority number?

16. Project Category: **(Circle One)**

Eligible Projects as provided by State Statute:

1. Rural water quality projects, including acquisition, treatment, distribution and recovery of water for consumption by humans or animals or both;
2. Rural solid waste disposal, treatment or similar projects;
3. Rural sanitary sewer construction or improvement projects;
4. Rural-road or street construction or improvement projects;
5. Provision of rural fire protection services and public safety services;
6. Expenditures designed to increase the employment level within the jurisdiction of the entity;
7. Provision of health care services, including emergency medical care, in rural areas;
8. Construction or improvement of telecommunication facilities or systems;
9. Improvement of municipal energy distribution systems;
10. Community buildings, town halls, senior nutrition centers, meeting rooms or similar public facilities.

Excluded Projects by Board and/or State Statute.

- Ineligible projects include activities not encompassed by the 10 eligible project categories and not meeting the statutory population thresholds enumerated previously including:
 - Consumable goods, office supplies, loose equipment, and personnel costs
 - Park projects including park maintenance equipment (except community centers and similar public facilities located in parks which are eligible – see #10 above)
 - Fairgrounds projects (except community centers and similar public facilities located in fairgrounds which are eligible – see #10 above)
 - Veterans memorials
 - Codification of ordinances, Capital Improvement Plans (CIP's), Comprehensive (Land use) Plans
 - Housing projects/programs (demolition, emergency repair, rehabilitation, construction)
 - County maintenance barns or any other district-wide projects for county commission districts with a greater than 7000 population

17. Detailed Project Description (attach preliminary engineering if available, size, type, dimensions, and location, and/or other pertinent information). Highlight area or location on a map and include with application.

Example Project Descriptions:

Not Acceptable: 1 mile of water line

Acceptable: 5,280 feet of 6 inch PVC waterline to add 12 homes to the Longview Addition:

1.5 miles of 2' asphalt overlay on S4350 between Highway 71 & E 1145 RD

_____ (attach additional page(s) if necessary)

18. Project Justification:

This project will be a grade, drainage, and surface to repair a section of deteriorated road to provide safe travel for the school bus route, emergency vehicles, and the general public. _____

_____ (attach additional page(s) if necessary)

I, _____ do hereby certify that the information in this application
(Name)
is true and correct to the best of my knowledge and that it has been reviewed and approved by
the governing body of Muskogee County.

(Applicant)



Chief Elected Official

ATTEST



Clerk/Notary



Sept 25, 2023
Date

19. RESOLUTION AUTHORIZING APPLICATION FOR FINANCIAL ASSISTANCE FROM THE RURAL ECONOMIC ACTION PLAN FUND

WHEREAS: Muskogee County _____ desires to seek funding from
(Sponsor: County, City or Town)

the Rural Economic Action Plan Fund for (**4.**) **Rural-road or street construction or improvement project** ___ in **Muskogee County**

WHEREAS: It is in the best interest of **Muskogee County** to
(Sponsor: Town, City or County)
expedite the preparation and submission of an application for financial assistance from the Rural Economic Action Plan Fund, in the form of a grant.

NOW THEREFORE: BE IT RESOLVED that, the **Chairman** of **Muskogee County**
is hereby authorized and directed to sign any and all application(s)
and related document(s) necessary to file and process any and all grant application(s) through the
Rural Economic Action Plan Fund on behalf of **Muskogee County**

(Beneficiary: Town, City, County or Unincorporated Area.)

Additional Authorized Signors: **Name:** **Keith Hyslop** **Title:** **Commissioner D2**

Name: **Ken Doke** **Title:** **Commissioner D1**

PASSED AND APPROVED by the **Board of Muskogee County Commissioners**

this **25** day of **Sept** , 20 **23** .

BY: *Kenny Payne*

Kenny Payne, Chairman

(Mayor/Chairman of Board of Co. Comm.)

ATTEST: *Patsy Dunge*
(Town/City/County Clerk or Notary Public)

My Commission expires: _____

25th day of **Sept** , 20 **23**

Chairman *Kenny Payne*

Member *[Signature]*

Member *[Signature]*

Attest: *Patsy Dunge*

County Clerk



20. STATEMENT OF UNDERSTANDING AND ASSURANCES

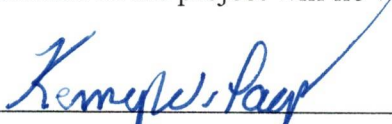
As the Chairman of
(Mayor/Chairman of Board of Co. Comm.)

Muskogee County, I understand the following criteria for
(Town, City or County)

eligibility for and participation in the Rural Economic Action Plan Fund(s).

I. Any of the items not addressed on the application will not be assigned any points and a zero will be recorded for that item. Failure of incorporated entity to provide current audit summary sheet will constitute an ineligible application.

II. For unincorporated areas outside of cities and/or towns: A map indicating the geographical area benefitting from the application shall be provided. Documentation of the population that will benefit and evidence of an existing community organization (fire department, senior citizens group or community organization) that will be responsible for grant implementation and on-going maintenance and/or operation must be included. The population estimate must be signed by the county commissioner of the area or the Chairman of the Board. The county agrees to be a sponsoring unit of government only, and all areas of responsibility for maintenance and operation of the project will lie with the unincorporated entity.



Kenny Payne, Chairman

9/25/2023

Date

(REAP Grant Beneficiary-if unincorporated area)

Date

21. CERTIFICATION OF POPULATION
(Unincorporated Areas Only)

The population of _____ S 4350

RD__

(REAP Grant Beneficiary Area)

is hereby estimated to be less than 7000.

9/28/2023
Date

Keith Hyslop
County Commissioner-Print Name

#2
District #

Kenneth W. Papp
County Commissioner-Signature

ATTEST: Penny Duvall
(Town/City/County Clerk or Notary Public)

My Commission expires: _____.



DEFINITIONS

- A. Threshold Requirement – Application requirement that must be met before application will be scored. Applications not meeting any threshold requirement are ineligible for funding.
- B. Population - For incorporated areas the 2020 Federal Census or latest official Census Update is utilized. For unincorporated areas, county commissioners must certify.
- C. Fiscal Capacity - Total revenue as per most recent audit requirements fulfilled to satisfaction of Office of the State Auditor and Inspector. Unincorporated areas and incorporated towns not required to procure an audit will be treated the same as small communities for fiscal capacity, but must document their non-requirement status if incorporated.
- D. LMI- Low to Moderate Income – Is determined using Oklahoma Department of Commerce CDBG Guidelines.
- E. Local Effort - Up to 20 points for documented efforts of cash infusion and/or value of force account. Percentage of points for keeping application under pre-determined cap as set by EODD Trustees. There is no leverage match required for REAP grants.
- F. Impacts - Self explanatory. In the case of ties, the total of scores from Items C, D, and E will be utilized to break ties. The EODD Board of Trustees will then look at these items individually (E then D then C). The EODD Board of Trustees will then have the discretion to select projects based upon feasibility, need **and/or state statute requirements.**

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