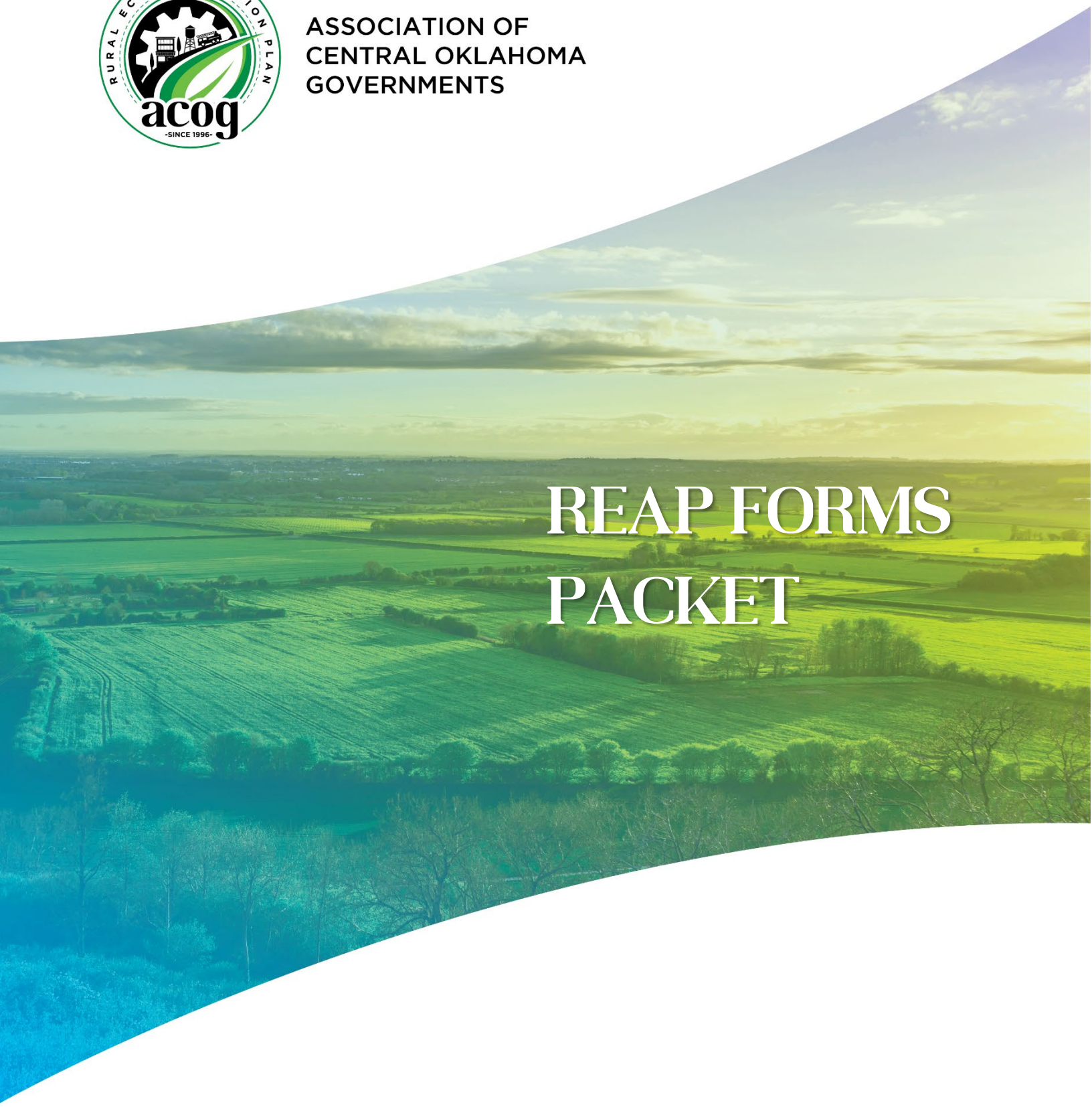
ASSOCIATION OF
CENTRAL OKLAHOMA
GOVERNMENTS



REAP FORMS PACKET

Association of Central Oklahoma Governments
4205 N. Lincoln Blvd. | Oklahoma City, OK 73105 | 405.234.2264 | acogok.org

RURAL ECONOMIC ACTION PLAN

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REQUEST FOR ADVANCE FUNDS

If ACOG deems necessary, 25% of the awarded REAP grant may be paid in advance. Please use this form to request an advance and the table below to calculate. **Note: Requests must include justification and clarity on the need for an advance, specified in the letter and budget.** This form must be submitted with the required documents, including a letter from the elected official authorizing REAP grant funds for the described project. Incomplete requests will not be processed.

RECIPIENT	DOCUMENT CHECKLIST
Grant Number: _____ Entity: _____ Address: _____ City, State, Zip Code: _____	☐ Payment Request Form ☐ Invoices ☐ Letter from chief elected official ☐

ADVANCE REQUEST

$_____ x _____% = $ 0.00

Total amount of grant awarded | (Advance Percentage (Max 90%) | Amount requested

1. Total amount of REAP Grant Awarded	$
2. Payments previously requested	$
3. Amount now requested	$
4. Grant balance remaining after request	$

CERTIFICATION

I certify to the best of my knowledge and belief:

The information above is correct and **all expenditures will be made in accordance with the contract conditions**, or other agreements, and advance payment is only issued once.
Future grant funds will not be reimbursed until the advance payment has been fully expended and the appropriate documentation has been submitted to ACOG.
That no funds will be used to pay any administrative or travel expenses and funds will be used only for expenses incurred during the term specified with the REAP Contract, including any grant extensions.

_____ _____
Signature of Authorized Official | Date

_____ _____
ACOG CED Manager | Date

_____ _____
ACOG Executive Director | Date

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ACOG REAP MONITORING TOOL

This form is for the closure of an open REAP project. An ACOG representative must initial and sign below. An entity representative from the REAP project must sign below during the REAP site visit with the ACOG representative.

_____	_____	_____
REAP Recipient	Grant #	Project Closeout Date

1. PROGRAM MANAGEMENT	YES	NO	N/A	INITIALS	DATE	COMMENTS
Application Packet: Typed Application, Resolution, Professional Cost Estimate, Procurement Policy, Before Photos						
REAP Award Letter						
Executed ACOG Contract						
Contract Extension Requests/Approval Letters						
Project Modification Requests/Approval Letters						
2. OPERATIONAL MONITORING	**YES**	**NO**	**N/A**	**INITIALS**	**DATE**	**COMMENTS**
Procurement Policy Followed?						
Bid/Solicitation Documentations: Bid Advertisements, Bids or Quotes, Bid Tabulation						
Governing Body Board Minutes of Contract Award						
If Applicable, Engineer Agreement and/or Contractor Agreement						
Preconstruction, Conference, Documentation						
3. CLOSEOUT	**YES**	**NO**	**N/A**	**INITIALS**	**DATE**	**COMMENTS**
Closeout Documentation: Affidavit Certifying REAP Project Completion (Inventory or Infrastructure), Project Complete Minutes, After Photos						
If Applicable, ACOG Field Observation						
REAP Recipient Proof of Inventory Addition						

4. FINANCIAL MANAGEMENT	YES	NO	N/A	INITIALS	DATE	COMMENTS
ACOG Request for Payment Form for each transaction						
Invoices for each transaction						
Purchase Order or Minutes approving each transaction						
Bank Statements: ACOG Check Deposits and Payment Check Cleared						

SUMMARY OF MONITORING ACTIVITY

ACOG Representative: _____ Date: _____

Entity Representative: _____ Date: _____

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PART 1
PAYMENT REQUEST

INCOMPLETE FORMS WILL DELAY REIMBURSEMENT.

RECIPIENT

Name: _____

Address: _____

City, State, Zip Code: _____

Request Number: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Is this the Final Request? ○ Yes ○ No

GRANT #	
1. Total amount of REAP grant awarded	
2. Payments previously requested/received	
3. Amount now requested	
4. GRANT BALANCE REMAINING AFTER THIS REQUEST	$ 0.00

CERTIFICATION:

I certify that to the best of my knowledge and belief:

The information above is correct and all expenditures were made in accordance with the contract conditions, or other agreements, and that payment is due and has not been previously requested.

That no funds were used to pay any administrative or travel expenses and funds were used only for expenses incurred during the term specified within the REAP Contract, including any grant extensions.

_____ _____
Signature of Authorizing Elected Official Date

_____ _____
ACOG Executive Director Date

_____ _____
ACOG CED Manager Date

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PART 2
VENDOR PAYMENTS

Payment Request # ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Grant # _____

This form MUST accompany the Payment Request Form and include invoices, purchase orders, and form of payment.

NAME OF CONTRACTOR OR PROVIDER	TYPE OF SERVICES PERFORMED OR MATERIALS (Detail to Match Invoice)	AMOUNT
	TOTAL	$ 0.00

The above and foregoing **itemized** list of invoices and statements are to the best of my knowledge and belief true and correct, and I hereby approve them for payment under the request for payment of REAP grant funds.

_____ _____

Signature of Authorizing Elected Official **Date**

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REAP CLOSEOUT DOCUMENT

Grant Recipient Name and Address:	**Grant Number:**
	Contract Period: **From:** **To:**
County:	
Preparer/Contact Person:	**Telephone:**
	Email:

Date project was completed: _____

Comments:

_____

_____

_____

ACOG staff will take photos.

_____ _____
Typed Name and Title of Chief Elected Official Date

_____
Signature of Chief Elected Official

AFFIDAVIT CERTIFYING REAP PROJECT COMPLETION

The **professional engineer or authorized city/county personnel** can sign and certify the project completion. Please fill out and sign the underlined areas and provide a description of the project. **This form must be accompanied by official meeting minutes noting the closure of the REAP project.**

I,_____, a registered professional Engineer in the State of Oklahoma, or an Authorized City/County Personnel for City/Town of _____ County of _____, Oklahoma, **Do Hereby Certify** that REAP funds awarded under contract number _____were used for the project described in our contract with ACOG, And pursuant to all rules and regulations that govern the REAP Program, and pursuant to all applicable Oklahoma laws.

PROJECT DESCRIPTION

_____

_____

_____

_____

_____A final field observation of the Project was completed.
Initials

I DO HEREBY CERTIFY TO THE COMPLETION OF THE ABOVE REFERRED TO IMPROVEMENTS AND THE COMPLETION OF THIS CONTRACT, AND RECOMMEND APPROVAL TO:

The_____(Council/Board) Dated this

_____day of _____, 20____.

Respectfully submitted,

_____
Signature

_____
Name/Title/Entity

AFFIDAVIT CERTIFYING REAP PROJECT COMPLETION INVENTORY WARRANTY

This form must be submitted with the ACOG REAP Inventory Tracking Form. **This form must also be accompanied by official meeting minutes noting the closure of the REAP project.**

I,_____, an Authorized City/County Personnel for City/Town of _____ County of _____, Oklahoma, **Do Hereby Certify** that REAP funds awarded under contract number _____ _____were used for the project described in our contract with ACOG, And pursuant to all rules and regulations that govern the REAP Program and pursuant to all applicable Oklahoma laws.

PROJECT DESCRIPTION

_____

_____

_____

_____

Do Hereby Certify that the above referred-to improvements were accomplished according to approved plans and specifications and/or duly authorized change orders, to the best of my knowledge, information and belief. This Certification is also for the benefit of the City/County, listed above, to finalize the project quantities and payment.

_____of _____is the project's prime contractor.

I DO HEREBY CERTIFY TO THE COMPLETION OF THE ABOVE REFERRED TO IMPROVEMENTS AND THE COMPLETION OF THIS CONTRACT, AND DO RECOMMEND APPROVAL TO:

The_____(Council/Board) Dated this

_____day of _____, 20_____.

Respectfully submitted,

_____
Signature

_____
Name/Title/Entity

Warranty Period will be for 1 Year to begin on the _____day of _____, 20 _____

Accepted: _____ Acknowledged: _____
(community) initials (vendor) initials

This the _____day of _____, 20_____

By:_____ By:_____
Signature Typed Name/Title Signature Typed Name/Title

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ACOG REAP INVENTORY TRACKING - 5 YR PLAN

ENTITY	GRANT #	CLOSEOUT DATE
DESCRIPTION OF EQUIPMENT		**ORIGINAL PURCHASE PRICE**

	DATE:	INITIAL PURCHASE	1-YEAR	2-YEAR	3-YEAR	4-YEAR	5-YEAR
SERIAL #							
MODEL #							
ID #							
VIN #							
LOCATION							
STATEMENT OF CONDITION							

Initials of Inventory Reviewer: _____ _____ _____ _____ _____ _____

Initials of ACOG Staff Reviewer: _____ _____ _____

Date: _____ _____ _____

Effective 11/21/2019

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REAP FUNDING RESOLUTION

THIS FORM IS REQUIRED FOR ALL REAP APPLICATIONS. IT MUST BE SIGNED AND ATTESTED BY CITY, TOWN OR COUNTY OFFICIALS.

WHEREAS, the _____ desires to seek funding from the Rural
(GOVERNMENTAL ENTITY, E.G., CITY, TOWN OR COUNTY)

Economic Action Plan Fund for _____ in the _____ ;
(PROJECT DESCRIPTIONS/DESCRIPTION OF NEED) (GOVERNMENTAL ENTITY)

and

WHEREAS, it is in the best interest of the residents of _____ to expedite the
(GOVERNMENTAL ENTITY)

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 _____ of the
(CHIEF ELECTED OFFICIAL)

_____ is hereby authorized and directed to sign an application and related
(GOVERNMENTAL ENTITY)

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 _____ this _____
(GOVERNING BODY)

day of _____ 20____.

By: _____
TITLE

ATTEST: _____

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ENTITY SPONSORSHIP FORM

ALL APPLICATIONS SPONSORED BY ANOTHER ENTITY MUST ATTACH THIS COMPLETED RESOLUTION SIGNED BY CITY, TOWN OR COUNTY OFFICIALS.

MUNICIPAL OR COUNTY GOVERNMENT CO-SPONSOR CERTIFICATION

As the _____ of _____
(MAYOR/COMMISSIONER) (CITY, TOWN, COUNTY)

(City, Town, County), I hereby certify that I am familiar with the Rural Economic Action Plan (REAP) grant process for the ACOG region, and that I or my legal counsel have reviewed the statutory criteria for eligibility and participation in the REAP funds. Further, that I have reviewed the REAP Program policies, guidelines and rating criteria for the ACOG region.

The undersigned acknowledge and understand:

1. That the completed ACOG REAP application forms with attached information and the rating criteria for projects will be the only basis utilized to score applications. Any of the specific rating criteria which are not addressed on the REAP grant application forms will not be assigned any points, and a zero point score will be recorded for that item.
2. In the applications for projects located in unincorporated areas outside the boundaries of cities or towns, the applicant must provide written documentation evidencing an existing community organization (such as an historical society, a senior citizens group, a rural fire department, etc.). The grant applicant hereby represents that it will be fully accountable and responsible for all of the grant project implementation, operations and ongoing maintenance. The grant applicant specifically understands that the local or county government co-sponsor has no responsibility for any of the grant project implementation, operations or ongoing maintenance, except as otherwise agreed upon between the parties in a separate, written agreement.

_____ _____
(MAYOR/COMMISSIONER) DATE

_____ _____
NAME, TITLE, SIGNATURE OF REAP APPLICANT/BENEFICIARY DATE