

# **KanOkla City Assistance Program for Unsafe Structures**

3/23/15

## ***Purpose/Target Area***

KanOkla has developed this matching funds program as an incentive to create synergy that rewards cities that take action to address the old empty structures that are an eyesore and unsafe in their community.

## ***Summary Description***

Cities eligible to participate in the program may qualify for matching funds from KanOkla up to \$5,000 per application with a \$5,000 limit per year per city. Applications for matching funds are submitted to KanOkla's Board for final review and approval. The total annual budget is \$ 30,000 per year, if the funding is approved by KanOkla's Board of Directors.

## ***Eligibility Requirements***

1. KanOkla must provide wire-line telephone service to community for which funds are to be used.
2. An applicant must be an incorporated city or a municipality.
3. The city must follow and record the compliance process of an Unsafe Structure Case. Once the order to demolish the unsafe structure has been issued, the city may apply for matching funds or the city must own the property.
4. The project must benefit people who reside within the geographic boundaries of KanOkla's wire-line telephone service area.
5. Funds to be matched must be budgeted by the city.
6. Project will NOT be approved if work is already completed.
7. The authority to approve or not approve an application is vested solely in KanOkla's Board, and its decision will be final.

## ***Oversight Requirements***

1. When funds are expended, KanOkla will provide funds to match the expenditure up to a total of the maximum of the award approved by KanOkla.
2. Awarded funds that are not used within 12 months of the time of the award will revert back to KanOkla.

**KanOkla City Assistance Program for Unsafe Structures  
Application Form**

Name of City \_\_\_\_\_

Name of City Treasurer \_\_\_\_\_

Name of Mayor \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street or Box No.) (City) (State) (Zip)

Daytime Telephone Number(s) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Amount of Matching Funds Requested \_\_\_\_\_ Total Project \_\_\_\_\_

Owner of the property (land, building, etc.) on which the improvements will be made \_\_\_\_\_

Project Description:

I, the undersigned authority, hereby have read and understand the eligibility guidelines for the KanOkla Community Development & Assistance Program.

Signature of Authorized Applicant \_\_\_\_\_ (Date)

Board Action:     Approve             Disapprove             More Information needed

Date of Board Action \_\_\_\_\_ Initial of Board Authority \_\_\_\_\_