



# COMMUNITY DEVELOPMENT & ASSISTANCE PROGRAM

## KANOKLA MATCHING FUNDS

**Board Action:**  
Approve  Disapprove  Need More Information   
Date \_\_\_\_\_ Initial of Board Authority \_\_\_\_\_

### Purpose/Target Area

The program is designed to promote and assist projects which are intended to sustain, enhance or improve the quality of life or safety, or which assist community growth and sustainability, within the geographic boundaries of Kanokla's wire-line telephone service areas. No school related projects will be matched in this program. See the Kanokla School Assistance Program.

### Summary Description

Individuals, groups, or community organizations that are eligible to participate in the program may qualify for the dollar for dollar matching funds from Kanokla up to \$5,000 per application with a \$5,000 limit per year per entity. Applications for matching funds are submitted to Kanokla's Board for final review and approval. The total annual budget is \$80,000 per year, if the funding is approved by Kanokla's Board of Directors.

### Eligibility Requirements

1. Kanokla must provide wire-line telephone service to the community for which funds are to be used.
2. An applicant may be a person, a group of persons, or a community service organization.
3. The project must benefit people who reside within the geographic boundaries of Kanokla's wire-line telephone service area.
4. Individuals participating in the application process must not derive direct, personal financial benefit from the project.
5. Funds to be matched must be raised by grants, fundraisers, or contributions. Funds may be raised prior to submitting application.
6. Funds to be matched cannot come directly from local government taxes, utility user fees, or Kanokla donations.
7. The application must detail the planned use of the project funds and how the funds to be matched will be raised.
8. Project will NOT be approved if work is already completed.
9. 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 from the project bank account, proof of receipts must be provided to Kanokla before funds will be matched.
2. Awarded funds that are not used within 12 months of the time of the award will revert back to Kanokla.

### Name of Individual or Group

\_\_\_\_\_

### Name of Responsible Party      Daytime Phone Number

\_\_\_\_\_

### Full Address: City | State | Zip

\_\_\_\_\_

\_\_\_\_\_

### Email Address

\_\_\_\_\_

### Matching Funds Requested      Total Project

\$ \_\_\_\_\_ \$ \_\_\_\_\_

### Owner of Property for improvements

\_\_\_\_\_

### Source of Funds to be Matched

\_\_\_\_\_

### Project Description (use back of page with additional information if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I, the undersigned authority, hereby have read and understand the eligibility guidelines for the Kanokla Community Assistance Program.**

**Authorized Signature** \_\_\_\_\_