

KanOkla Community Development & Assistance Program

12/12/13

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. The purpose of this program is to assist the applicant in promoting the "matching" of funds to be raised. 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 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 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. A church applicant will only be considered if it is the only church in the community and if it is used as the primary community center.
4. The project must benefit people who reside within the geographic boundaries of KanOkla's wire-line telephone service area.
5. Individuals participating in the application process must not derive direct, personal financial benefit from the project.
6. Funds to be matched must be raised by grants, fundraisers, or contributions.
7. Funds to be matched cannot come directly from local government taxes, utility user fees, or KanOkla donations.
8. The application must detail the planned use of the project funds and how the funds to be matched will be raised.
9. Project will NOT be approved if work is already completed.
10. 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. Prior to an award, funds to be matched must be placed in a separate project account, to be used solely for the project specified in the application.
2. The bank must be authorized to allow KanOkla access to the records of the project bank account.
3. When funds are expended from the project bank account, KanOkla will provide funds to match the expenditure up to a total of the maximum of the award approved by KanOkla.
4. Awarded funds that are not used within 12 months of the time of the award will revert back to KanOkla.

Examples

Some of the examples of projects that may qualify for matching funds are as follows:

- Conducting assessment activities that outline community profiles and enable those communities to market their capabilities.
- Assistance in drafting and publishing documents or proposals to be submitted to prospective businesses or industries that may have a desire to locate in a rural community served by KanOkla.
- Access to the Internet, instruction on the use of Internet, in the use of E-Commerce to promote small business enterprises, design a community website, etc.
- Assistance in applying for State or Federal grants and low interest loans to promote new business or to improve the infrastructure for attracting new business or expanding existing business.
- Emergency service personnel training costs;
- Infrastructure improvements for emergency response units;
- Enhancement of facilities for older adults' recreation, health care or nutrition;
- Construction or modification of community centers, recreation facilities or senior/youth centers.
- Distance learning activities/telemedicine projects.
- Supplemental assistance to the construction or modification of facilities that promote tourism, youth activities, or annually sponsored community events.

**KanOkla Community Development & Assistance Program
Application Form**

Name of Individual or Group _____

Responsible Party (if different from above) _____

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 _____

Source of Funds to be Matched _____

Name and Title of Individual Controlling Funds _____

Bank Name Where Deposited _____ Account Number _____

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 _____