

KanOkla School & Library Assistance Program Matching Funds

12/12/13

The program is designed to promote and assist projects which are intended to sustain, enhance or improve the schools and libraries 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.

All applications under the KanOkla School & Library Program must benefit a school or library in our KanOkla area; Braman, Caldwell, Hardtner, Jet, or South Haven.

- Any school or group/organization affiliated with the school, may apply for matching funds from KanOkla up to \$5,000 per application.
- Any library or group/organization affiliated with the library, may apply for matching funds from KanOkla up to \$2,500 per application.

The total annual budget is \$15,000 per year, if the funding is approved by KanOkla's Board of Directors.

Eligibility Requirements

1. Individuals participating in the application process must not derive direct, personal financial benefit from the project.
2. Funds to be matched must be raised by grants, fundraisers, or contributions.
3. Funds to be matched cannot come directly from local government taxes or KanOkla donations.
4. The application must detail the planned use of the project funds and how the funds to be matched will be raised.
5. Project will NOT be approved if work is already completed.
6. 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.

KanOkla School Assistance Program Matching Funds

Name of Group _____

Responsible Party (President/Treasurer/etc.) _____

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 _____