CITY ASSISTANCE PROGRAM FOR UNSAFE STRUCTURES

KANOKLA MATCHING FUNDS

Board Action:
Approve ☐ Disapprove ☐ Need More Information ☐

Date _____Initial of Board Authority_____

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 the dollar for dollar matching funds from Kanokla up to $10,000 per application with a $10,000 limit per year per city. Applications for matching funds are submitted to Kanokla's Board for final review and approval. The annual budget is determined by the Kanokla 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. Funds may be raised prior to submitting application.
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, 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.
3. Any changes to the project scope on approved applications must be presented to the board for additional review and approval.

Name of City _____ **Name of City Treasurer** _____

Name of Mayor _____ **Daytime Phone Number(s)** _____

Full Address: City | State | Zip

_____

_____

Email Address

_____

Matching Funds Requested $_____ **Total Project** $_____

Owner of Property for improvements

_____

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

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

Authorized Signature _____