



SCHOOL & LIBRARY 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 schools and libraries within the geographic boundaries of Kanokla's wire-line telephone service areas.

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

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

The annual budget is determined by the Kanokla 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. Funds may be raised prior to submitting application.
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. 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.
3. Any changes to the project scope on approved applications must be presented to the board for additional review and approval.

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 School & Library Assistance Program.

Authorized Signature _____