

PCSSTC  
Perry County Senior Services Tax Commission  
Application For Funding Assistance

The Perry County Senior Services Tax Commission will meet this year **2018** on:

January 10<sup>th</sup>

July 11<sup>th</sup>

April 11<sup>th</sup>

October 10<sup>th</sup>

November 14<sup>th</sup> - To present /answer questions  
about next years Grant requests

Our meetings begin at 3 PM on the above dates @ 321 North Street-Suite 2 (911 room), Perryville Missouri 63775. The 911 Room is in the downstairs of the County Health Building. (At the bottom of the stairs turn immediately left)

Applications for funding must be submitted by: **November 9, 2018** by **4 PM**, for 2019 yearly grants. Mini grants of \$2,000 or less can be applied for 2 times a year as need arises at any time during the year. If someone does apply for a mini grant they need to give a board member a phone call or email so their application can be picked up at our mailbox since we may not monitor the PCSSTC mailbox on a regular basis.

Our application for funding is obtainable at [www.perrycountymo.us/Perry County Senior Service Tax Commission](http://www.perrycountymo.us/Perry%20County%20Senior%20Service%20Tax%20Commission). Return the application to: (see instructions on application).

All persons/organizations requesting grant funds **MUST ATTEND** the initial request meeting to present/explain their request & upon receiving grant funds, submit a quarterly report and **MUST ATTEND quarterly meetings to explain financial reports and answer any questions**. We ask that these guidelines be followed. If meetings are **NOT** attended & quarterly reports are not submitted, the checks for the awarded grants will **NOT** be issued.

Questions about applications or funding can be directed to:

Juanita Zahner - Chairperson  
314-223-7112 or at [jgza7916@gmail.com](mailto:jgza7916@gmail.com)

Beth Guth - Secretary  
573-517-2896 or at [bethguth@att.net](mailto:bethguth@att.net)

***Perry County Senior Services Tax Commission (PCSSTC)***  
***Application For Funding Assistance***

**Print or Type & Return Original & 7 Copies to:**

Perry County Senior Services Tax Commission  
321 North Main Street – Suite 2  
Perryville, Missouri 63775

**Name of Applicant**

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Street Address

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City

State

Zip

Contact Person: \_\_\_\_\_

Contact Person's Phone #: \_\_\_\_\_ Contact Person "E" Mail \_\_\_\_\_

**Proposed Project:**

Funding Requested:\$ \_\_\_\_\_

Start Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

- 1.) Will this service be offered to residents outside Perry County?      Yes      No
- 2.) Will this service be offered to residents under the age of 55 yrs. old?      Yes      No
- 3.) Organization's non-profit structure-Corporation/unincorporated association/  
governmental/other ( Please attach copies of the organization's articles, charter  
or statement of association)
- 4.) Do you have a tax exempt determination letter from the IRS? (If so, attach current copy)

Doc rev. 12/04/17

### Financial Information

In addition to what is asked on the application form, you must provide certain other information for your application to be considered by the PCSSTC.

- 1.) Assuming that your project gets funded, tell how you plan to continue to assure financing it after the funding period ends.
- 2.) You must state what kind of system you have or plan to institute to assure financial accountability. State whether or not those records will be available for review by the PCSSTC & the public.

You must provide a budget for this project on a separate sheet. Make sure you include all the costs associated with your project that will be covered by the grant money you are requesting from the PCSSTC. Do not forget to figure all staffing costs (such as wages, FICA, Workman's Compensation, etc.) as well as insurance, supplies, equipment, etc.

### Consent Agreement

**We understand that any & all information contained in this application is true & accurate to the best of our knowledge & that any inaccurate or misleading information may subject us to penalties under Missouri law &/or forfeiture of any grant funds. We further understand that it may be necessary for the PCSSTC to review our financial records as they relate to this proposed service as part of their process, & hereby grant them permission & authority to review those records upon reasonable request by the PCSSTC. Applications may be mailed or delivered to the PCSSTC at the address on the top of Page 1 of this form.**

(All persons/organizations requesting grant funds **MUST ATTEND** the initial request meeting to present/explain their request & upon receiving grant funds, submit a quarterly report and **MUST ATTEND** quarterly meetings to explain financial reports and answer any questions. We ask that these guidelines be followed. If meetings are NOT attended & quarterly reports are not submitted, the checks for the awarded grants will NOT be issued.)

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

Business Phone #: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

Home/Cell #: \_\_\_\_\_

\_\_\_\_\_  
Date Signed

**Priority need Category of Projects:**

**(Circle all that Apply)**

- 1.) Nutrition Project
- 2.) Transportation Project
- 3.) Senior Services Information Project
- 4.) Other: \_\_\_\_\_
- 5.) Does the applicant intend to partially support the project with funding other than being requested of the PCSSTC?

If Yes, what is the source & amount of other funds, & when will the funds be available?  
Please identify all other funds & amounts.

**Is Funding request for:**

- 1.) A new service, program or project?                      YES                      NO
- 2.) Expansion of an existing program/project?                      YES                      NO
- 3.) Needed to supplement an existing program/project?                      YES                      NO

**Frequency of Intended Request:**

- 1.) One time only/annual/semi-annual/\_\_\_years? (circle answer)

**Project Information:**

**All Applicants MUST attach a completed budget page & a general description demonstrating the need for the requested funds, addressing @ of the following questions.**

- 1.) What is the purpose or goal(s) of the project for which you are requesting funding? Be brief, but specific in laying out your goals & purposes.
- 2.) Why is your project needed?
- 3.) Exactly what will your project do to meet this need?
- 4.) Is any agency, organization or business presently providing this service?
- 5.) Have you provided any form of evaluation for this project?
- 6.) Tell us about your organization.
- 7.) Who will have primary responsibility for your project? Is there an agency or office that regularly reviews your activities, such as a licensing board or regulatory agency?