

Perry County Senior Services Tax Commission (PCSSTC)

Mini Grant Request Form

Please print or type and return the original and seven copies to:

**Perry County Senior Services Tax Commission
15 W. Ste Marie Street - Suite 2
Perryville, Missouri 63775**

All Applications must include a completed budget page (attached) and a one-page general description demonstrating the need for the requested funds.

Organization: _____ Contact Person: _____

Business Address: _____

Phone: _____ Email: _____

This short application form is to be used for all small grant requests for one-time funding, not to exceed \$2,000. The consideration will be based on the demonstrated need of the organization activities designed to meet the Tax Commissions annual priority determination. Applicants may submit a maximum of two applications per year.

1. Total amount request from PCSSTC Fund Board \$ _____
2. State the purpose of the request and explain the need for the funding using the attached forms.

Consent Agreement

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

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

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|---|-----|----|
| 1. Will this service be offered to residents outside of Perry County? | YES | NO |
| 2. Will this service be offered to residents under 55 years of age? | YES | NO |
| 3. Are you a Non-For-Profit organization? | YES | NO |
| a. If yes, please submit a copy of your 501(c)(3) form. | | |

Authorized Signature

Printed Name

Phone Number

Date Signed

Perry County Senior Services Tax Commission (PCSSTC)

Application for Funding

Proposed Program / Project Budget

Please list total revenue and expenses for this project/program as well as for the portion requested from PCSSTC for the following categories:

<u>Expenses</u>	<u>Total Project/Program</u>	<u>Request from PCSSTC</u>
Personal Expenses	_____	_____
Supplies	_____	_____
Printing/Coping	_____	_____
Postage	_____	_____
Travel	_____	_____
Other	_____	_____
Totals:	_____	_____

Please provide a brief description or justification of all line items. Please be very specific in the line-item budget. (Example: Home delivered meals for 12 persons at \$5.00 per person for 90 days = \$5,400)