

# Perry County Senior Services Tax Commission (PCSSTC)

## Application for Funding Assistance

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**

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

Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Proposed Project**

Funding Request: \$ \_\_\_\_\_

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

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

## Financial Agreement

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.

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.
4. Do you have a tax-exempt determination letter from the IRS?      YES    NO
  - a. If yes, please submit a copy

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5. Assuming that your project is funded, explain how you plan to continue to assure financing it after the funding period ends.
6. You must state what kind of system you have or plan to have to institute to assure financial accountability. State whether or not those records will be available for review by PCSSTC and 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 PCSSTC. Do not forget to include all staffing costs (such as wages, FICA, Workman's Compensation, etc.) as well as insurance, supplies, equipment, etc.

## **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.

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

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Authorized Signature

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Printed Name

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Phone Number

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Date Signed

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## **Priority need Category of Projects:**

**Circle all that apply**

- |                           |                                       |
|---------------------------|---------------------------------------|
| 1. Nutrition Project      | 3. Senior Service Information Project |
| 2. Transportation Project | 4. Other: _____                       |

Does the applicant intend to partially support the project with funding other than being requested of PCSSTC?

If yes, what is the source and amount of other funds and when will the funds be available? \_\_\_\_\_

## **Is Funding request for:**

- |   |     |    |
|---|-----|----|
| 1. A new service, program or project?                   | Yes | No |
| 2. Expansion of an existing program or project?         | Yes | No |
| 3. Needed to Supplement an existing program or project? | Yes | No |

## **Frequency of Intended Request:**

One Time      Annual      Semi-Annual      \_\_\_\_Years      (Circle answer)

## **Project Information:**

All applicants MUST attach a complete budget page and a general description demonstrating the need for the requested funds, addressing each 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 and 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?