

**PERRY COUNTY YOUTH TAX BOARD**  
**P O Box 569**  
**Perryville, MO 63775-0569**  
**Perry County Youth Tax Board (hereinafter known as PCYTB)**

(Application # LG \_\_\_\_ - \_\_\_\_ # provided by PCYTB upon receipt of initial request)

**LARGE GRANT REQUEST FORM FOR FUNDING**

Name of Program: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Direct/Landline Telephone #: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Federal Identification # (FIN): \_\_\_\_\_ or S.S. #: \_\_\_\_\_

**INSTRUCTIONS**

- This document must be completed in its entirety and signed by your agency's Executive Director or CEO.
- You must Email a copy of your completed application to each tax board member listed on the last page
- The applications (requests) must be sent to arrive no later than August 31<sup>st</sup> of year prior to year needed.
- Be brief as possible yet complete in submitting your request.

**PROGRAM REQUEST GENERAL INFORMATION**

**ORGANIZATIONAL INFORMATION**

TOTAL amount of funding requested by organization from PCYTB: \$ \_\_\_\_\_

TOTAL amount in funds available to your organization from all sources for this program:  
\$ \_\_\_\_\_

TOTAL amount of last year's allocation from Perry County Youth Tax Board (if applicable):  
\$ \_\_\_\_\_

TOTAL amount received especially from other Perry County entities, agencies, or boards last year:  
\$ \_\_\_\_\_

Is your organization receiving in-kind allocations from any other source (housing, transportation, rent)? \_\_\_ Yes \_\_\_ No If "Yes", what is the ANNUAL VALUE of the contribution? \$ \_\_\_\_\_

What was the total expenditure for Perry County clients only in the past year? \$ \_\_\_\_\_

Will any of the funds, if allocated, supplant funds from the state or federal government?  
\_\_\_ Yes \_\_\_ No

Of all the clients served by you, what percent are Perry Countians? \_\_\_\_\_%

**REQUEST FOR PERRY COUNTY YOUTH TAX BOARD FUNDING (continued)**

TOTAL amount of funding requested by our organization from PCYTB (same as listed on page 1): \$ \_\_\_\_\_ Needed by Beginning Date: \_\_/\_\_/\_\_\_\_\_

Name of Program: \_\_\_\_\_

What is the unduplicated number of clients served by this program since January of the past year? \_\_\_\_\_

Describe the program: When the program was started and what your organization plans to do, when, where, and how in the coming year: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any equipment/supplies/travel/training requests for this program and amounts for each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personnel Requests – if this request is for funding personnel, complete the following:

Number of full time positions: \_\_\_\_\_ Is this different from last year? If so, explain.

Number of part time positions: \_\_\_\_\_ Is this different from last year? If so, explain.

Number and describe each position above:

Title: \_\_\_\_\_ Fulltime \_\_\_ Part-time \_\_\_ (What percent \_\_\_%)

Salary: \$ \_\_\_\_\_ Is this more than last year? If yes, explain.

Qualifications: \_\_\_\_\_

Certifications: \_\_\_\_\_

List the specific services to be rendered by this position: \_\_\_\_\_

*(Use additional pages/paper as needed)*

**ORGANIZATIONAL INVESTMENT**

Describe how your organization already supports this program. What monies, travel, support staff, equipment, supplies, and in-kind donations will they commit? Will technology be available and supported? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BUDGET FOR PROGRAM TOTAL FUNDING**

<b><u>PROGRAM REVENUES</u></b>	<b><u>Previous Year</u></b>	<b><u>Current Year</u></b>	<b><u>This Grant Request</u></b>
Perry County Youth Tax Board Grant	\$ _____	\$ _____	\$ _____
ALL OTHER FUNDING for program			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<b>TOTAL PROGRAM REVENUES</b>	\$ _____	\$ _____	\$ _____
<b><u>TOTAL PROGRAM EXPENSES</u></b>			
Administration	\$ _____	\$ _____	\$ _____
Salaries	\$ _____	\$ _____	\$ _____
Employee Benefits	\$ _____	\$ _____	\$ _____
Conference/Meetings	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____
Professional Fees	\$ _____	\$ _____	\$ _____
Training	\$ _____	\$ _____	\$ _____
Equipment/Supplies	\$ _____	\$ _____	\$ _____
Direct financial assistance to clients	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<b>TOTAL EXPENSES FOR SERVING PERRY COUNTY YOUTH:</b>	\$ _____	\$ _____	\$ _____

If the Perry County Youth Tax Board funds your request(s) the Board requires written reports at the end of each quarter of the year for which grant is allocated (see "Outcomes Quarterly Update" Form B-2008)

1. Description of services rendered.
2. Accounting of exact unduplicated numbers of clients served per month and year-to-date.
3. Description of outreach activities.
4. Other items the provider deems necessary for the report.

**ATTACHMENTS**

Please provide only the documentation requested:

1. Properly completed "Funding Request form" (see Form LG2008 revised 09-25-2025)
2. Quarterly reports no later than 15<sup>th</sup> day of month following each quarter of year (see Form B2008; 1<sup>st</sup> qtr report 4/15; 2<sup>nd</sup> qtr 7/15; 3<sup>rd</sup> qtr 10/15; 4<sup>th</sup> and "Final" 01/15)
3. "Final Report Worksheet" with appropriate attachments for year of grant allocation (see Form C2008; due 15<sup>th</sup> of month following event OR for year-long grant 01/15 of next yr)
4. Year-end income/expense report for Perry County monies spent for this program (accompany "Final Report").

**SUMMARY INFORMATION**

I hereby certify that this allocation request does NOT supplant any services mandated dollars.

I further certify that this allocation is NOT used for religious purposes or to promote any religion.

**I FURTHER CERTIFY THAT NONE OF THESE FUNDS WILL BE USED FOR PURPOSES OTHER THAN THE BETTERMENT OF PERRY COUNTY YOUTH.**

Agency/Organization Name: \_\_\_\_\_

TOTAL FUNDING REQUEST FOR GRANT YEAR: \$ \_\_\_\_\_

\_\_\_\_\_  
**Signature of Executive Director/CEO**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Executive Director/CEO**

\_\_\_\_\_  
**Contact phone/email**

Form LG2008 revised 10-10-2025

**SOME INFORMATION PCYTB WILL BE LOOKING FOR AS YOU COMPLETE YOUR GRANT REQUEST:**

1. **What is the anticipated total cost of this program?** The total cost of the program: what is the annual total budget including all expenses (cost of doing business including salaries): this is to include the amount you are requesting from the PCYTB and **not just** that amount.  
**Your response: \$69,980; (\$41,680 requested from PCYTB;** Does this answer include the entire program for all locations? What other income do you expect?
  
2. What are the specific costs? (*List only those that apply.*)
  - a. Salaries and/or staff expenses (payroll):
  - b. Program expenses and supplies:
  - c. Mileage:
  - d. Contracts:
  - e. Trainings:
  - f. Telephone and communication:
  - g. Administration and administrative costs:
  - h. Rent and utilities:
  - i. Finances granted to individual clients
  - j. Other:
  
2. **List other sources of funding** that you have. Be as specific as possible to itemize all sources of other income keeping in mind that the PCYTB cannot provide 100% or any program:

**“Large Grant Funding** is intended for individuals and/or organizations seeking to strengthen and develop their capacity for community betterment and for assistance for projects to sustain and enhance their effort for the youth of Perry County. Application may be made for up to 20% of the total tax revenue collected for the prior year on behalf of youth tax programs under Senate Bill 233 and Perry County Ordinance 08-02. Applications for more than \$2,000.00 may be made on this form. Smaller requests must be submitted on other forms provided (*request Form SG2008 for that purpose*).

**OTHER INFORMATION:**

How many children are being/going to be served who are from Perry County: How many children are served or duplicated in more than one area of the program:

How many children from other counties, what is the cost for those out of PC clients along with information about who is paying for them. Perry County grants cannot provide for any youth coming in from any other county.

**OTHER SPECIAL INFORMATION:** Do you/can you receive any insurance payments from individuals, families, or Medicaid programs for any of your services.

**D. Complete the “Goals and Projection Report Form” (A2008), and**

Directions for program short-term outcome goals:

1. List outcomes in the following form:
  - a. Number to be served
  - b. Anticipated change
  - c. Amount of change
  - d. Time frame for change to take place (e.g., 40 youth in 8<sup>th</sup> grade will increase their knowledge of the dangers of entry level drugs by 80% by January 2026).

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**QUARTRLY OUTCOMES UPDATE REPORT**

For programs funded in year of \_\_\_\_\_ (Use separate form for each program for which funding was received)

**ORGANIZATION NAME:** \_\_\_\_\_

**Amount of Funding that was approved/paid to date:** \$ \_\_\_\_\_

**NAME OF PROGRAM FOR WHICH FUNDS ARE USED:** \_\_\_\_\_

\_\_\_\_\_

**PROGRAM GOALS**

(Same as information given on funding request Form LG2008 or Form A2008):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**1. PROPOSED PROGRAM OUTCOMES**

*List the projected short-range outcomes and indicators of changes among clients (indicate numbers / percentages)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. ACTUAL OUTCOMES ACHIEVED**

List actual outcomes that are a result of program activities and services delivered in year of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. PROPOSED PROGRAM ACTIVITIES**

*List the activities and interventions planned to achieve the projected outcomes, the frequencies of strategies, and the projected number of clients to be served with each strategy*

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**4. ACTUAL PROGRAM ACTIVITIES DELIVERED**

*List the program activities and services actually delivered, their strategies, and the number of clients served with each strategy*

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LG \_\_\_\_\_ - \_\_\_\_\_

**PERRY COUNTY YOUTH TAX BOARD**  
**P O Box 569**  
**Perryville, MO 63775-0569**

**LARGE GRANT YEAR-END AND FINAL REPORT**

Applicant / Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

NAME OF PROGRAM: (Purpose of the Grant Request): \_\_\_\_\_

Was the expected outcome met?  Yes  No

If yes: How can you show that the outcome was met? If no, what did you learn from the experience, and how will you use this information in future efforts? \_\_\_\_\_

Attach additional pages if needed

**When completing this worksheet, please attach documentation of actual expenditures**  
**AMOUNT RECEIVED For THIS GRANT # THIS YEAR:**

Amount Received for year (4 qtrs) from: PC Youth Tax Board Amt: \$ \_\_\_\_\_  
+ Amount received from other grant(s): Amt: \$ \_\_\_\_\_  
+ Amount received from fund raising: Amt: \$ \_\_\_\_\_  
+ Amount received from sale of assets: Amt: \$ \_\_\_\_\_  
+ Amount received from gifts/bequeaths: Amt: \$ \_\_\_\_\_  
**TOTAL AMOUNT RECEIVED for year from all sources: \$ \_\_\_\_\_**

**AMOUNT SPENT FOR YEAR ON PROGRAM: ----- \$ \_\_\_\_\_**

**TOTAL REMAINING (plus or minus): \$ \_\_\_\_\_**

**PERCENTAGE of PCYTB allocation to TOTAL AMOUNT from all sources: \_\_\_\_\_%**

For positive amount remaining % pf PCYTB X Amount remaining: \$ \_\_\_\_\_

**AMOUNT RETURNED TO TAX BOARD by January 15<sup>th</sup> or earlier: \$ \_\_\_\_\_**

**Grantee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**

THIS IS AN EXAMPLE "YEAR-END/FINAL REPORT to help you complete your grant report for year

PERRY COUNTY YOUTH TAX BOARD
P O Box 569
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EXAMPLE: LARGE GRANT YEAR-END AND FINAL REPORT

Applicant / Organization: Great Business for Youth Betterment

Street Address: 21873 Close Quarter Street, P O Box 718

City: Perryville State: MO Zip Code: 12791

Contact Person: Lucretia J Wonderworker

Telephone Number: (555) 812-5555 Email: berrysblindhorse@youquestedit.com

TITLE OR NAME OF PROGRAM: (Purpose of the Grant Request): Little Tender Boy's and Girls Home

Was the expected outcome met? X Yes [ ] No

If yes: How can you show that the outcome was met? If no, what did you learn from the experience, and how will you use this information in future efforts?

Maintained open doors to 371 needy boys and girls giving them a much needed place to live. Attach additional pages if needed

When completing this worksheet, please attach documentation of actual expenditures AMOUNT RECEIVED FOR THIS GRANT # THIS YEAR:

Amount Received for year from: PC Youth Tax Board Amt: \$56,727 (4 qtrs)
+ Amount received from other grant(s): Amt: \$38,000
+ Amount received from fund raising: Amt: \$18,680
+ Amount received from sale of assets: Amt: \$293
+ Amount received from gifts/bequeaths: Amt: \$500
TOTAL AMOUNT RECEIVED for year from all sources: \$114,200

AMOUNT SPENT FOR YEAR ON PROGRAM: ----- \$105,000

TOTAL REMAINING (plus or minus): \$9,200
PERCENTAGE of PCYTB allocation to TOTAL AMOUNT from all sources: 49.67%
For positive amount remaining % pf PCYTB X Amount remaining: \$4,570

AMOUNT RETURNED TO TAX BOARD by January 15th or earlier: \$4,570

Grantee Signature: Date: 01/15/2026

**PERRY COUNTY YOUTH TAX BOARD MEMBERS 2025-2026**

Board officers are elected annually at the September reorganization meeting.  
 Board members terms are from September 1 through August 31<sup>st</sup>.  
 Board members terms are for 3 years (rotating) as appointed by the Perry County Commission.

<u>Name</u>	<u>Position</u>	<u>Mail Address</u>	<u>Phone Number</u>	<u>Email</u>	<u>Term Ends</u>
Rev Dr John Chamness	President	603 South Parkview Dr Perryville, MO 63775	573-547-7634 land 573-846-4279 cell	<a href="mailto:perry1st@showme.net">perry1st@showme.net</a>	2026
Julie Scholl	Vice	301 PCR 452 Altenburg, MO 63732	314-495-8999	<a href="mailto:Jksjules40@aol.com">Jksjules40@aol.com</a>	2026
Michael Bohnert	Treasurer	2075 Hwy B Perryville, MO 63775	573-587-1812	<a href="mailto:mjbohnert@live.net">mjbohnert@live.net</a>	2027
Jane Myers	Secretary	2588 PCR 408 Perryville, MO 63775	573-788-2672	<a href="mailto:jrmhcm@sbcglobal.net">jrmhcm@sbcglobal.net</a>	2028
Carlene Rauh	Member	4337 Hwy 51 Perryville, MO 63775	573-547-8523	<a href="mailto:cjrauh@ltd.net">cjrauh@ltd.net</a>	2028
Brenda Tisher	Member	12 Richardet Perryville, MO 63775	573-517-8775	<a href="mailto:tisherb@yahoo.com">tisherb@yahoo.com</a>	2028
Joyce Wright	Member	1368 PCR 854 Perryville, MO 63775	573-547-3747	accomplishmoretoday@gmail.com	2026
Mary Flentge	Member	3625 Hwy "T" Perryville, MO 63775	573-547-2958	<a href="mailto:maryflentge5@icloud.com">maryflentge5@icloud.com</a>	2027
Jason Kelley	Member	1010 Ridge Dr Perryville, MO 63775	573-768-2480	<a href="mailto:jdk6653@charter.net">jdk6653@charter.net</a>	2027