

Perry County Senior Services Tax Commission (PCSSTC)

Mini Grant Request Form

Please Print or type and return to:

Perry County Senior Services Tax Commission
321 North Main 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 #: _____ **"E" Mail Address:** _____

This short application form is to be used for all small grant requests for one time funding, not to exceed \$2000. The consideration will be based on the demonstrated need of the organization activities designed to meet the Tax Commissions annual priority determination. Applicant may submit a maximum of 2 applications, per year, with an overall total maximum of \$ 2000.

- 1.) Total amount requested from the PCSSTC Fund Board. \$ _____
- 2.) State the purpose of the request and explain the need for the funding on the back of this form or attach a separate sheet with the information.

Consent Agreement

We understand that any and all information contained in this application is true and accurate to the best of our knowledge, and that any inaccurate or misleading 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 the PCSSTC to review our financial records as it relates to this proposed service as part of their deliberate process, and hereby grant them permission and 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 this form.

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

l.) Will this service be offered to residents outside Perry County? YES NO

l.) Will this service be offered to residents under 55 years old? YES NO

l.) Is yours a For Profit/Not For Profit organization? YES NO

l.) If you are a Not For Profit organization, do you have a completed 501(c) (3) form?
(Enclose a copy of your completed 501 (c) (3) Form.

Authorized Signature

Printed Name

Business Phone Number: _____ **Home Phone Number:** _____

Date Signed: _____

Perry County Senior Services Tax Commission (PCSSTC)

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:

Expenses	Total Project/Program	Requested from PCSSTC
Personnel Expenses		
Supplies		
Printing/Copying		
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 @ \$5 per person for 90 days = \$5400)