# 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 A	ppli	cant
TACTION	ULLL	78711	CKALL

			<b></b>
Street Address			Ming
City	State	Zip	****
Contact Person:		Tallet (Market Market M	
Contact Person's Phone #:	Contact Person "E" Mail		
Proposed Project:		•	
Funding Requested:\$	- ·		
Start Date:			
Ending Date:			
1.) Will this service be offered to res	sidents outside Perry County?	Yes	No
2.) Will this service be offered to res	sidents under the age of 55 yrs. old?	Yes	No
3.) Organization's non-profit structu governmental/other ( Please att or statement of association)	re-Corporation/unincorporated ass ach copies of the organization's artic	ociation/ cles, charter	•
4.) Do you have a tax exempt determ	nination letter from the IRS? (If so, at	ttach currer	nt copy)
	•	Doc rev. 12	2/04/17

#### **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 <u>MUST ATTEND</u> the initial request meeting to present/explain their request & upon receiving grant funds, submit a quarterly report and <u>MUST ATTEND</u> 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 #:	<del></del>
Printed Name	Home/Cell #:	<del></del>
Date Signed ·		

Doc Rev. 7/18/2018

## **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?

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