

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 Applicant

Street Address

City

State

Zip

Contact Person: _____

Contact Person's Phone #: _____ Contact Person "E" Mail _____

Proposed Project:

Funding Requested:\$ _____

Start Date: _____

Ending Date: _____

- 1.) Will this service be offered to residents outside Perry County? Yes No
- 2.) Will this service be offered to residents under the age of 55 yrs. old? Yes No
- 3.) Organization's non-profit structure-Corporation/unincorporated association/
governmental/other (Please attach copies of the organization's articles, charter
or statement of association)
- 4.) Do you have a tax exempt determination letter from the IRS? (If so, attach current copy)

Doc rev. 12/04/17

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 **MUST ATTEND** the initial request meeting to present/explain their request & upon receiving grant funds, submit a quarterly report and **MUST ATTEND** 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 #: _____

Printed Name

Home/Cell #: _____

Date Signed

Doc Rev. 7/18/2018

