

Benton County Senior Tax Services
For Seniors 60 & older
Application for Funding

Benton County Senior Tax Services provides funding for organizations that serve the senior citizen population of Benton County. This organization is responsible for the funds made possible from the Senior Tax received through County Property Taxes. Every year any organization that provides services to county's citizens Age 60 and above may apply for funds. This application is the only apparatus for such requests.

For Information and/or questions regarding this application

Contact Amanda Lutjen at 660-221-5111 or email amanda_lutjen@hotmail.com

Applications must be either postmarked & mailed or hand delivered by November 1, 2023.

- **Hand deliver: to Michael Schnakenberg, at Community National Bank and Trust**
- **Mail: CNBT Senior Citizens Service Tax Fund Attention: Michael Schnakenberg, P.O. Box 550, Warsaw, MO 65355**

Check off List for completing application and requested documents to attach

1. ___7 Copies of Cover letter describing the organization, its purpose, how the organization functions,
2. ___7 Copies of Completed Application
3. ___1 Copy of current IRS determination letter indicating tax exempt 501(c)3 status (if applicable)
4. ___7 Copies of Board of Directors' list, including names and phone numbers
5. ___1 Copy of most recent audited financial statement signed by an Auditor or a completed IRS Form 990
6. ___7 Copies of an Itemized budget for the Grant year
7. ___7 Copies of a Year-to-date Profit & Loss Financial Statement (based on organization's fiscal year).

Benton County Senior Tax Services
Application for Funding

Please type or print

Organization's Name			
Mailing Address			
City		State	Zip code
Phones #	Work	Cell (optional)	Fax
Type of Organization	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> 501(c)3	<input type="checkbox"/> For Profit
Executive Director		Email address	

Contact Person--if other than Executive Director	
Phone	Email Address

Grant Request

Date of Application	mm/dd/yyyy	Amount Requested	\$
Type of Request: Choose one	<input type="checkbox"/> Operating	<input type="checkbox"/> Program/Project	<input type="checkbox"/> Capital <input type="checkbox"/> Others

If yes, select one of the following priority areas	<input type="checkbox"/> Home delivered meals	<input type="checkbox"/> Transportation	<input type="checkbox"/> In-home services
	<input type="checkbox"/> Minor Home Repair	<input type="checkbox"/> Healthy aging programming	

Provide a description of the proposed project and its expected impact...including number of people that will be served and the time table for the proposed project.

Budget

Your organization's current year's budgeted expenses	\$	
Is this higher or lower than the previous year's actual expenses	___ higher ___ lower	How much? \$
How much is spent for administrative expenses?	\$	Percentage of Budget %
How much is spent for fundraising purposes?	\$	Percentage of Budget %
In the past two years has the organization experienced an operational deficit (i.e. expenses exceeded the revenues)?	___ yes ___ no	If yes what the amount of the deficit? Year 20__ Deficit \$ Year 20__ Deficit \$
Please explain the deficit(s) above and the plan for reducing or eliminating.		

Authorization:

The undersigned certifies that they are authorized to represent the organization applying for a grant that the information contained in this application is accurate. The undersigned agrees that if a grant is awarded to the organization:

1. The grant will be used for the purposes outlined in the grant award letter and may not be utilized for any other purposes without written permission
2. Information about the organization may be used by the County Tax Board in any published material.

Signature of Executive Director or Board Chairman

Date