Please attach your letter of request to this application

Revenue Sharing Funds

Application for funding

Districts 2 - 4

The Placer County Board of Supervisors has actively promoted revenue sharing funding as a means to provide financial support for local events, fundraising, programs, supplies, improvements, and equipment needed to help non-profit and community based organizations. In approving the revenue sharing contributions, the Placer County Board of Supervisors finds that each and every approved contribution serves a public purpose by promoting the general welfare of the County and its inhabitants therefore a benefit results to the County.

Please complete, print and sign the application and include it with your letter of request.

Organization: _____ Telephone: ( ) _____

Address: _____ Fax: ( ) _____

_____ Email: _____

Website: _____

_____

Briefly describe the community benefit the organization, event, program or project provides:

_____

_____

_____

_____

Briefly describe how funding will be utilized by listing what items will be purchased:

_____

_____

_____

Has this organization received Revenue Sharing Funds in the past? [O] Yes [O] No

If yes, specify year(s), event and amount:

_____

_____

I swear under penalty of perjury that the information supplied herein is true and correct ☐

_____

APPLICANT'S NAME APPLICANT'S SIGNATURE DATE

Office Use Only

Date Request rec'd _____

Date Application rec'd _____

Amount Requested _____

Previous contributions:

_____

_____

It recommended for approval; BOS mtg date: _____

Amount received _____

Date funding check mailed _____

_____

COUNTY OF PLACER

ANDREW C. SISK, CPA
Assistant Auditor-Controller
E-mail: asisk@placer.ca.gov

OFFICE OF
AUDITOR-CONTROLLER

2970 Richardson Drive / Auburn, California 95603-2640
Telephone 530/889-4160 / Fax 530/889-4163 / 530/889-4164

Vendor No.

Dear Vendor:
As a condition of doing business with the County of Placer, and to avoid delays in processing payments, we require up-to-date information for the following:

1. **IRS W9 Form.** Please note that if you are an individual or sole proprietorship operating under a Federal TIN, your social security number is also required on the W9 Form. Additional information can be found at: http://www.irs.gov

2. **State of California 590 Form.** All Corporations, Partnerships, Limited Liability Companies, Trust/Estate,Tax-Exempt Entities and Individuals providing services to Placer County must complete a State of California Form 590, certifying their California residency or that they have a permanent place of business in California or their tax exempt status under California or Federal law. Additional information can be found at: http://ftb.ca.gov

Please complete **BOTH** the W9 and 590 forms enclosed and return the signed copies as soon as possible. **Failure to complete all forms in their entirety, including signature by authorized personnel, may delay payment processing.**

Thank you for your assistance. If you have any questions, please call Cheryl Engvall at (530) 889-4178.

Sincerely,

Placer County Auditor-Controller's Office
General Accounting Unit – Accounts Payable Division
Enclosure: W9 & 590 Forms