





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: Keaton Raphael Memorial Telephone: ( )  
 Address: 2260 Douglas Blvd. #150 FAX: ( )  
Roseville, CA 95661 Email: teresa@childcancer.org  
 Website: www.childcancer.org

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

The 4th annual Gala is one of our signature fundraising events creating awareness about childhood cancer while celebrating 19+ years of providing a spectrum of services to families that have received the heart-breaking news that their child has cancer.

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

Through our Family Navigator program we provide services i.e. educational resources, informal counseling, gas cards for families to get their child to treatment, financial assistance for families identified by hospital social workers that are experiencing financial hardship. 95% of the families referred are in need of basic living expenses assistance.

Has this organization received Revenue Sharing Funds in the past?

Yes  No

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

2013 \$1,750.00 2014 \$2,000.00 2015 \$1,750.00

We truly appreciate the support we have received as so many families are directly impacted by your generosity.

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

Teresa Hofhenke, CEO

7/11/16

APPLICANT'S NAME

APPLICANT'S SIGNATURE

DATE

**Office Use Only**

Date Application rec'd 7/13/2016

If recommended for approval; BOS mtg date: \_\_\_\_\_

Date Posted to Website 7/13/2016

Amount received \_\_\_\_\_

Date Removed from Web 07/27/2016

Date funding check mailed \_\_\_\_\_

Previous contributions:

\_\_\_\_\_  
\_\_\_\_\_