



**M E M O R A N D U M**  
**BOARD OF SUPERVISORS**  
County of Placer

TO: Honorable Board of Supervisors DATE: June 23, 2020

FROM: Leah Rosasco, Senior Administrative Aide

SUBJECT: Revenue Sharing – Health Education Council, Roseville Family Meals | Funding to help offset the cost of meal purchase and delivery

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**ACTION REQUESTED**

Approve appropriation of \$1450 in Revenue Sharing monies to the Health Education Council, Roseville Family Meals as requested by Supervisor Gore (\$1000), Supervisor Weygandt (\$200), Supervisor Holmes (\$250).

**BACKGROUND**

In approving the following 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.

The Roseville Family Meals program serves low-income Roseville residents that do not have reliable access to a sufficient quantity of affordable, nutritious food and meals. The Health Education Council purchases nutritious, prepared meal kits from local partnering restaurants that will feed a family of four or provide four meals for a one-person household. Roseville Transit drivers obtain the ready-to-heat meal kits from the restaurants and deliver them to residents of affordable housing projects and senior living facilities in the Roseville area. The program benefits both struggling residents and restaurants due to the COVID-19 crisis. Revenue Share contributions will be used to help offset the cost of meal purchase and delivery as well as to help develop sustainable solutions to food insecurity.

**FISCAL IMPACT**

Funding is available in the FY 2019-20 Budget (Revenue Sharing)

**ATTACHMENTS**

Revenue Sharing application received on 06/05/2020

REVENUE SHARING FUNDS  
APPLICATION FOR FUNDING

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	<input type="text" value="Health Education Council, serving populations at risk"/>	Telephone:	<input type="text" value="916-556-3344"/>
Address Line 1	<input type="text" value="3950 Industrial Blvd., suite 600"/>		<input type="text" value="916-446-0427"/>
Address Line 2	<input type="text" value="West Sacramento, CA 95691"/>	Fax Number:	
Website	<input type="text" value="www.healthedcouncil.org"/>	Email:	<input type="text" value="dotokent@healthedcouncil.org"/>

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

Community Benefit	<input type="text" value="The Roseville Family Meals program addresses the food insecurity issues in Placer County by providing healthy meals to low-income Roseville residents."/>
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Briefly describe how funding will be utilized by listing what items will be purchased:

Funding utilized	<input type="text" value="The Health Education Council purchases prepared nutritious meal kits from local, partnering restaurants. Meal kits feed a family of four, or four meals for a one-person household. Roseville Transit drivers pick up the refrigerated, ready-to-heat meal kits from the restaurants and deliver them to affordable housing projects and a senior living facilities in Roseville's core neighborhoods. Funding will also be used to develop sustainable solutions to food insecurity."/>
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Has this organization received Revenue Sharing Funds in the past?  Yes  No

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

Years/Amounts	<input type="text"/>
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I swear under penalty of perjury that the information supplied herein is true and correct.

APPLICANT NAME Debra S. Oto-Kent  Digitally signed by Debra S. Oto-Kent  
DN: cn=Debra S. Oto-Kent, o=Health Education Council, ou=Health Education Council, email=dotokent@healthedcouncil.org, c=US  
Date: 2020.08.04 14:01:43 -0700 DATE 6/4/2020

APPLICANT'S SIGNATURE

Office Use Only

Date Received	<input type="text"/>	BOS Agenda Meeting Date	<input type="text"/>
Date Posted to Web	<input type="text"/>	Amount Received	<input type="text"/>
Date Removed From	<input type="text"/>	Date funding check mailed	<input type="text"/>