



**MEMORANDUM**  
**BOARD OF SUPERVISORS**  
County of Placer

TO: Honorable Board of Supervisors  
FROM: Leah Rosasco, Senior Administrative Aide  
SUBJECT: Revenue Sharing – Lighthouse Counseling and Family Resource Center

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**ACTION REQUESTED**

Approve appropriation of \$3,250 in Revenue Sharing monies to Lighthouse Counseling and Family Resource Center as requested by Supervisor Gore (\$500), Supervisor Weygandt (\$1500), Supervisor Holmes (\$500), Supervisor Jones (\$500) and Supervisor Gustafson (\$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.

Lighthouse Counseling and Family Resource Center helps to build healthy families and communities by providing full service counseling and family resources. The organization provides parenting, co-parenting and other educational programs designed to assist at risk, low income families in Placer County. Lighthouse launched its Preventing ACE's in the Age of COVID Initiative to mitigate Adverse Childhood Experiences (ACE's) by bringing the negative effects the COVID-19 pandemic has on children to the attention of parents and caregivers. The program also provides additional counseling services to families with children to help reduce stress, anxiety, depression, feelings of isolation, suicide ideation and trauma. Revenue Share contributions will be used for supplies and equipment that support of this program.

**FISCAL IMPACT**

Funding is available in the FY 2020-21 Budget (Revenue Sharing)

**ATTACHMENTS**

Revenue Sharing Application Received on 04/30/21

**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="Lighthouse Counseling and Family Resource Center"/>	Telephone:	<input type="text" value="916.645.3300"/>
Address Line 1	<input type="text" value="110 Gateway Drive, Suite 210"/>	Fax Number:	<input type="text" value="916.645.3311"/>
Address Line 2	<input type="text" value="Lincoln, CA 95648"/>	Email:	<input type="text" value="Gary@LighthouseFRC.org"/>
Website	<input type="text" value="https://lighthousefrc.org/"/>		

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

Community Benefit	<input type="text" value="Lighthouse launched its Preventing ACEs in the Age of COVID Initiative to mitigate Adverse Childhood Experiences (ACEs) by bringing the negative effects the COVID-19 pandemic has on children to the attention of parents and caregivers; and secondly, to provide additional counseling services to families with children to reduce stress, anxiety, depression, feelings of isolation, suicide ideation and trauma."/>
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Briefly describe how funding will be utilized by listing what items will be purchased:

Funding utilized	<input type="text" value="Funds awarded for this program will be used for supplies and equipment in support of this program/initiative in our Roseville, Auburn and Lincoln office locations."/>
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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" value="2020 \$3,000; 2019 \$1,000; 2018 \$1,000; 2017 \$950; 2016 \$500; 2015 \$2,375; 2014 \$1,500; 2021 \$2,250"/>
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I swear under penalty of perjury that the information supplied herein is true and correct.

APPLICANT NAME		DATE	<u>4-30-21</u>
APPLICANT'S SIGNATURE			

**Office Use Only**

Date Received	<input type="text"/>	BOA 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"/>
Prior Contributions	<input type="text"/>		