



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

TO: Honorable Board of Supervisors  
FROM: Leah Rosasco, Senior Administrative Aide

DATE: July 6, 2021

SUBJECT: Revenue Sharing – Crime Victims United Charitable Foundation

---

**ACTION REQUESTED**

Approve appropriation of \$1,500 in Revenue Sharing monies to Crime Victims United Charitable Foundation as requested by Supervisor Gore (\$500), Supervisor Weygandt (\$250), Supervisor Holmes (\$250), Supervisor Jones (\$250), 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.

The Board of Supervisors is being asked to approve appropriations to help support the Crime Victims United Charitable Foundation 4<sup>th</sup> Annual All-American Rib Cookoff Fundraiser. Crime Victims United Charitable Foundation is dedicated to protecting the rights of victims of crime, their families and safety of their communities by providing resources and assistance to those in need. The 4<sup>th</sup> Annual All-American Rib Cookoff Fundraiser will also benefit Auburn Recreation District Youth Assistance, Placer Junior Hillman Football and Cheer, Gold Country, Young Life, Auburn Hip Hop Congress, and Grace House. The funds received will be utilized to offset the cost of the event.

**FISCAL IMPACT**

Funding is available in the FY 2021-22 Budget (Revenue Sharing)

**ATTACHMENTS**

Revenue Sharing application received on 06/15/2021

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="Crime Victims United Charitable Foundation"/> | Telephone:  | <input type="text" value="530.537.2981"/>                  |
| Address Line 1 | <input type="text" value="130 Maple Street, Auburn, CA 95603"/>         | Fax Number: | <input type="text"/>                                       |
| Address Line 2 | <input type="text"/>  | Email:      | <input type="text" value="sheryl@crimevictimsunited.com"/> |
| Website        | <input type="text" value="www.crimevictimsunited.com"/>                 |             |  |

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

|                   |   |
|-------------------|---|
| Community Benefit | <input type="text" value="The All American Rib Cookoff (now in its fourth year) is a fundraising event featuring a People ' s Choice Rib Cookoff, live music, a kids ' zone, beer garden and vendors. I addition to CVUCF this fundraiser will benefit Auburn Recreation District Youth Assistance, Placer Junior Hillman Football and Cheer, Gold Country Young Life, Auburn Hip Hop Congress, and Grace House."/> |
|-------------------|---|

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

|                  |   |
|------------------|---|
| Funding utilized | <input type="text" value="Funds would be used to underwrite the expenses necessary to produce a community event of this scale that attracts upwards of 3000 participants for all over California and Nevada."/> |
|------------------|---|

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"/> |
|---------------|----------------------|

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

|                       |                 |  |      |         |
|-----------------------|-----------------|--|------|---------|
| APPLICANT NAME        | Sheryl Petersen | <input type="text" value="Sheryl Petersen"/> | DATE | 6/15/21 |
| 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"/> |
| Prior Contributions | <input type="text"/> |                           |                      |