

Placer County Revenue Sharing

From: noreply@civicplus.com
Sent: Tuesday, June 7, 2022 3:15 PM
To: Placer County Revenue Sharing
Subject: [EXTERNAL] Online Form Submittal: Revenue Sharing Fund Application

Follow Up Flag: Follow up
Flag Status: Flagged

Revenue Sharing Fund Application

Organization Name	Placer Breast Cancer Foundation
Address Line 1	PO Box 513
Address Line 2	<i>Field not completed.</i>
City	ROSEVILLE
State	CA
Zip Code	95661
Applicant Name	Carol Garcia/Stephanie Hill
Phone Number	9169105769
Email Address	info@wethinkpink.org
Website Address	www.placerbreastcancerfoundation.org
Describe the organization's purpose and/or mission and the people served.	The Placer Breast Cancer Foundation currently works to raise funds to fight breast cancer and promote education and outreach throughout the Placer and Sacramento County area. We raise these funds through individual donations, Foundation sponsored events, and through private organizations that host fundraisers in the Foundation's name.
Briefly describe the program or the event for which you are requesting funds.	We are proud to present our 14th Annual Hot Pink Fun Run on September 25, 2022. This is an opportunity for us to raise funds for our cause, unite our community in our fight, celebrate Survivors, and present a healthy, family-fun event. We will be holding a 5K, 10K, and a 1 mile race along with a survivor celebration.
Briefly describe how Revenue Sharing funding	We will be using the funds to cover venue fees and street closures.

would be utilized. (Please list items and activities to be funded with any Revenue Sharing funds allotted. Funding cannot be used for core budget needs or program or event staffing such as security, instructors, cleanup crews, etc.)

Has this organization received Revenue Sharing Funds in the past? Yes

Specify year(s), event and amount received: 2019 - \$700, Placer Women's Retreat
2021- \$750, Paint Placer Pink

Are you a non-profit organization? Yes

Please enter your Tax Identification Number #27-0690037

Please attach your most recent W9 form [2021 PBCF W9.pdf](#)

Please attach your most recent 590 form [PBCF 590 Form.pdf](#)

Please attach additional documents *Field not completed.*

Please attach additional documents *Field not completed.*

Additional documents may be emailed to revenuesharing@placer.ca.gov.

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

Electronic Signature Agreement I agree.

Electronic Signature Stephanie A Hill

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