



**MEMORANDUM  
BOARD OF SUPERVISORS**  
County of Placer

**TO:** Honorable Board of Supervisors **DATE:** July 12, 2022  
**FROM:** Teri Ivaldi, Principal Management Analyst  
**BY:** Jennifer Grappasonno, Board Support Services Coordinator  
**SUBJECT:** Revenue Sharing – Crime Victims United Charitable Foundation

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**ACTION REQUESTED**

Approve appropriation of \$250 in Revenue Sharing monies to Crime Victims United Charitable Foundation as requested by Supervisor Gustafson.

**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 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 Annual All-American Rib Cookoff Fundraiser supports raises funds to help support this mission. Revenue Share contributions will be used to help offset the cost of the event.

**FISCAL IMPACT**

The amount of the requested contribution is \$250. Funding is provided for in the FY 2022-23 Community and Agency Support budget (CC10018). There is no additional impact to the general fund.

**ATTACHMENTS**

Revenue Sharing application received on 06/14/2022

**REVENUE SHARING FUNDS  
APPLICATION FOR FUNDING  
DISTRICTS 1-5**

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:  Telephone:

Address Line 1:  Fax Number:

Address Line 2:  Email:

Website:

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

Community Benefit:

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

Funding utilized:

Has this organization received Revenue Sharing Funds in the past?  Yes  No

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

Years/Amounts:

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

APPLICANT NAME:   DATE:

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"/>		