

MEMORANDUM
OFFICE OF THE
BOARD OF SUPERVISORS
COUNTY OF PLACER

TO: Honorable Board of Supervisors

FROM: Kirk Uhler, Supervisor District 4

DATE: March 10, 2015

SUBJECT: REVENUE SHARING – Approve appropriation of \$500 in Revenue Sharing monies to the Placer Care Coalition’s **Annual Raising Spirits 2015** fundraising event to benefit the homeless and those in need within our community, as requested by Supervisor Uhler (\$500).

ACTION REQUESTED

Approve appropriation of \$500 in Revenue Sharing monies to the Placer Care Coalition’s **Annual Raising Spirits 2015** fundraising event to benefit the homeless and those in need within our community, as requested by Supervisor Uhler (\$500).

BACKGROUND/COMMUNITY BENEFITS

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 fund the Placer Care Coalition’s **Annual Raising Spirits 2015** fundraising event on April 26, 2015. Placer Care Coalition was formed in 2001 bringing together Roseville Home Start, the Lazarus Project, St. Vincent de Paul, and What Would Jesus Do (WWJD) to benefit the low-income men, women and families in Placer County. The Placer Care Coalition Board is made up of representatives from these four agencies, plus several members “at large”, along with volunteers who receive no salaries. Proceeds from this event will be divided equally between all four agencies to assist with housing, purchasing food, and transportation to services for healthcare as well as other social services provided by the County.

FISCAL IMPACT

Funds are available in the Revenue Sharing budget.



Please attach your letter of request to this application

Revenue Sharing Funds

Application for funding Districts 2 - 4



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: Placer Care Coalition Telephone: (916)783-1222
 Address: PO Box 531 FAX: (916))781-2302
Roseville, CA 95661 Email: 2/20/15
 Website: placercarecoalition.com
placercarecoalition.com

Janette Moynier@fbol.com

Briefly describe the community benefit the organization, event, program or project provides:
Placer Care Coalition is a 501C3 that has been raising funds for 15 years through the Annual Raising Spirits event that raises money to benefit four non-profit agencies in Placer County that serve the low-income, homeless men, women and children. The four agencies are: Lazarus Project, Roseville Homestart, St Vincent de Paul and WWJD. Funds raised are divided equally among the agencies. The board is made up of volunteers who receive no pay. Last year each agency received \$12,500 to benefit their programs

Briefly describe how funding will be utilized by listing what items will be purchased:
Funding will be used for transitional housing, food, transportation to healthcare and other social services provided by the County. In addition, funds are utilized to purchase personal items such as clothes or hygiene products as needed.

Has this organization received Revenue Sharing Funds in the past? Yes No
 If yes, specify year(s), event and amount:
2014 = \$500; 2013 = \$250; 2012 = \$400; 2011 = 0; 2010 = \$600; 2009 = \$500; 2008 = \$900; 2007 = \$1,000

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

Janette Moynier [Signature] 02/20/2015
 APPLICANT'S NAME APPLICANT'S SIGNATURE DATE

Office Use Only

Date Request rec'd 2/19/15 If recommended for approval; BOS mtg date: _____
 Date Application rec'd _____ Amount received _____
 Amount Requested _____ Date funding check mailed _____

Previous contributions: _____

3/05/15