

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY

DEPT: Parks and Recreation

BOARD AGENDA # *B-6

Urgent

Routine

AGENDA DATE January 25, 2011

CEO Concurs with Recommendation YES NO

4/5 Vote Required YES NO

(Information Attached)

SUBJECT:

Approval to Apply for, Administer, and Receive Funds under the Save Mart, S-Mart, S.H.A.R.E.S. Program or the Raley's Quality of Life Program

STAFF RECOMMENDATIONS:

1. Authorization to apply for and accept the allocation of funds from Save Mart and S-Mart foods S.H.A.R.E.S. Program or the Raley's Quality of Life Program.
2. Authorize the expenditure of funds up to \$1,000 for Fiscal Year 2010-2011 to cover costs associated with promoting, marketing, and managing the Department of Parks and Recreation Volunteer Program.

FISCAL IMPACT:

Staff costs associated with submitting an application, distributing S.H.A.R.E.S. cards, and depositing any revenue received from the S.H.A.R.E.S or Quality of Life programs or donations received from the community are minimal and can be absorbed within the existing Parks and Recreation Department budget.

(Continue on page 2)

BOARD ACTION AS FOLLOWS:

No. 2011-068

On motion of Supervisor O'Brien, Seconded by Supervisor DeMartini

and approved by the following vote,

Ayes: Supervisors: O'Brien, Chiesa, Withrow, DeMartini, and Chairman Monteith

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) Approved as recommended

2) Denied

3) Approved as amended

4) Other:

MOTION:



ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

Approval to Apply for, Administer, and Receive Funds under the Save Mart, S-Mart, S.H.A.R.E.S Program or the Raley's Quality of Life Program

FISCAL IMPACT (Continued):

The potential impact on revenue is unknown. If the revenue received through the S.H.A.R.E.S. or Quality of Life Programs or through donations received from the community become significant, appropriations may be increased during a budget cycle.

Program expenses include:

Parks Labor	\$ 380
Materials & Supplies	\$ 620
TOTAL	\$1,000

DISCUSSION:

Local Save Mart and S-Mart Supermarkets have instituted a Community S.H.A.R.E.S. (Supporting Humanities, Arts, Recreation, Education, & Sports) program to assist local education, recreation, and community based organizations in generating much needed funds. Up to two million dollars annually are donated through the program. Similarly, Raley's Supermarkets offer a Quality of Life Program designed to support organizations involved in youth education as well.

The programs work as follows: A S.H.A.R.E.S. or a Quality of Life card (Attachment A) is issued to a community member. Each time the community member uses the card when purchasing merchandise from a participating supermarket, up to 4% of the purchase earns points. Each point equals one dollar earned for the organization issuing the card. Points are shown at the bottom of the register receipt. If approved, the Department of Parks and Recreation would receive a quarterly check reflecting the amount earned.

In June of 1997, the County contracted with an outside vendor to coordinate and administer the Volunteer Program. Due to the challenging economic climate and diminishing revenue, the County resumed administration of the Volunteer Program on January 1, 2011. The County Volunteer Program encourages citizens and County retirees to volunteer their time and talents. It also encourages Department Heads to support and promote voluntarism in their departments to enhance productivity.

If the Department's recommendation to enter into the S.H.A.R.E.S. and Quality of Life Program is approved, this program would become part of the Department's funding efforts to continue the development of its Volunteer Program. All monetary contributions, whether from the S.H.A.R.E.S. or Quality of Life Program or through community donations, will help offset the expenses associated with maintaining and operating the Department's Volunteer Program. Parks staff and community volunteers working in conjunction with the Department will be responsible for nominal publicizing of the Program and the distribution of the S.H.A.R.E.S. or Quality of Life cards to community members. The first 250 S.H.A.R.E.S. cards are provided free of charge. If the Program proves successful an option exists to purchase additional cards

Approval to Apply for, Administer, and Receive Funds under the Save Mart, S-Mart, S.H.A.R.E.S Program or the Raley's Quality of Life Program

at a cost of \$0.50 each. These additional cards would be purchased using the requested expenditure.

All monies received would be placed in a budget line item entitled Parks Volunteer Program. These revenues would be utilized for promotional purposes including print/media materials, t-shirts, hats, and various other give-a-ways. Organizations wanting to volunteer as a group for a one-day service project are under consideration for various facilities. During these events it is customary to provide food, beverages, give-a-ways, and materials for the service projects (e.g. plantings and clean-ups) and if approved, funds would be used to purchase the cost of these materials.

If the joining of the Department to the S.H.A.R.E.S. or Quality of Life Program proves successful, it may have applicability to other County departments assisting with youth education, recreation, and community based organizations (e.g. Friends of the Library).

POLICY ISSUE:

Approval of this agenda items supports the Board of Supervisors' priority of A Safe Community by promoting public awareness of the County's system of parks; A Healthy Community by promoting volunteers programming for the protection of the County's system of parks; A Strong Local Economy by providing attractive regional parks; Effective Partnerships by means of identifying and exploring new opportunities; and through Efficient Delivery of Public Services by improving customer satisfaction through volunteer opportunities.

STAFFING IMPACTS:

There are no staffing impacts associated with this item.

CONTACT PERSON:

Sonya K. Harrigfeld, Director of Parks and Recreation

Telephone: 209-525-6770

Save Mart S.H.A.R.E.S Card



Raley's Quality of Life Card



S.H.A.R.E.S. Card Program Application

Organization Name: Stanislaus County Parks and Recreation

Primary Group Address: 3800 Cornucopia Way, Suite C

City: Modesto State: CA Zip: 95358

Mailing Address (for checks): same as above

City: _____ State: _____ Zip: _____

Phone Number w/Area Code: 209-525-6750 Fax Number w/Area Code: 209-525-6773

Contact Person: Mae Song Title: Conf. Asst.

Contact's Phone: 209-525-6723 eMail: msong@parksrec.org

Type of Applicant (check one)

- Registered Not For Profit
- School - Name: _____ District: _____
- Individual/Sole Proprietor
- Partnership
- Limited Liability Company
- Disregarded Entity Corporation Partnership
- Exempt Payee
- Corporation
- Other (identify) Government - County

Federal Tax ID # _____ - _____

* Completed W-9 Form MUST BE submitted (PDF in download section)

This organization is _____ is not subject to IRS backup withholding.

Your favorite store #: _____

(Refer to store list in download section of website)

Please provide a 3-5 sentence description of your organization's mission statement/objectives.

The mission of the Department of Parks and Recreation is to develop and maintain recreation areas serving every segment of society, including the disabled and the economically disadvantaged; providing the leadership necessary to develop and manage parks and recreation facilities in ways that will provide the best possible experience for people to enjoy the out-of-doors at the most reasonable costs.

Number of S.H.A.R.E.S. Cards requested 250

I hereby certify I am authorized to represent the school/organization and that everything stated on this application is true and correct. A user name and password for website access to your account will be issued upon approval.

Print Name: Sonya K. Harrigfeld Title: Director

Personal Phone Number After Hours: 209-525-6700

Once your application is approved, you will receive an email with instructions on how to set up your organization's participation in the SHARES program. Please allow 21 days for processing. You will also receive a quarterly check for the monies earned by your organization.

If you have any questions, please call 1-800-477-5437

OR

You may fax a fully completed form to: 1-888-745-0696

Please note that Save Mart (Lucky/Food Maxx) reserves the exclusive right to accept, deny or discontinue any organization's participation in the SHARES program. Save Mart (Lucky/Food Maxx) does not typically award participation to individuals, research groups, or lobbying / political / religious programs. Non tax-exempt organizations could be subject to Federal and State taxes.

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 4646
CONNECTION TEL 918887450696
SUBADDRESS
CONNECTION ID
ST. TIME 10/14 10:37
USAGE T 02'35
PGS. SENT 2
RESULT OK

S.H.A.R.E.S. Card Program Application

Organization Name: Stanislaus County Parks and Recreation

Primary Group Address: 3800 Cornucopia Way, Suite C

City: Modesto State: CA Zip: 95358

Mailing Address (for checks): same as above

City: _____ State: _____ Zip: _____

Phone Number w/Area Code: 209-525-6750 Fax Number w/Area Code: 209-525-6773

Contact Person: Mae Song Title: Conf. Asst.

Contact's Phone: 209-525-6723 eMail: msong@parksrec.org

Type of Applicant (check one)

- Registered Not For Profit
- School - Name: _____ District: _____
- Individual/Sole Proprietor
- Partnership
- Limited Liability Company
- Disregarded Entity Corporation Partnership
- Exempt Payee
- Corporation
- Other (identify) Government - County

S.H.A.R.E.S.

RETURN FAX COVER

To: S.H.A.R.E.S. Program Headquarters

From: Stanislaus County Parks and Recreation Date: 10/14/2011
Group Name

By: Mae Song Contact Ph: 209-525-6723

of Pages: 2 Group ID: _____
User name assigned to your group
from website.

Attached is a W-9 form that certifies your groups' tax identification number and tax status. Submission of this form is required for acceptance and participation in the SHARES program.

Please complete and return page one of the form to:

Fax to 1-888-745-0696

OR

SaveMart
c/o Shares Headquarters
875 Greentree Road
Bldg. 4, Suite 101
Pittsburgh, PA 15220

Be sure to retain a copy for your records.

NOTE: Please note your group's identification number (username, if known) on this cover sheet. ONLY the completed, signed and dated first page of the W-9 form is required for our files.

If you have any questions regarding the above, please call us at 1-800-477-5437 option 3.

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) County of Stanislaus	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input checked="" type="checkbox"/> Other (see instructions) ▶ Government Entity	
Address (number, street, and apt. or suite no.) PO Box 770	Requester's name and address (optional)
City, state, and ZIP code Modesto, CA 95353	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ Diana B. Jew Date ▶ 9/28/11

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,