

SUBMIT TO:

Board of Supervisors
575 Administration Dr, Ste 100A
Santa Rosa, CA 95403

COUNTY OF SONOMA

For Board of Supervisors Use Only

Fee Waiver/Board Sponsorship Request Form

1. Contact information for individual requesting fee waiver/sponsorship:

Name: Katie Davis
First Middle Last
 Mailing Address: [REDACTED]
Number Street Apt/Suite City State Zip
 Phone: [REDACTED] Email: [REDACTED]
Area Code, Number

2. Name of Community Based Organization, Non-Profit, or Government Agency for which fee waiver/sponsorship is requested:

Name: Sebastopol Area Senior Center
 Mailing Address: 167 N High St Sebastopol C 95472
Number, Street, Apt/Suite City State Zip
 Phone: (707) 827 - 8427 Email: katie@sebastopolseniorcenter.org
Area Code, Number

3. Please indicate by check mark the supervisory district in which the organization or agency submitting this request is located, where the project/activity/event will be held, and the district office to whom you would like to submit this request:

Board Member and District	Susan Gorin District 1	David Rabbitt District 2	Chris Coursey District 3	James Gore District 4	Lynda Hopkins District 5
Entity or organization location (select all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Project/activity/event location (select all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
District office to receive request (select only one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. Type of Community Based Organization, Non-profit, or Government Agency for which the fee waiver/sponsorship is requested:

☐ City ☐ Special District ☐ Other Local Government
☐ School ☒ Non-profit or CBO

Other (please specify): _____

5. Please provide a description of the project/activity/event for which a fee waiver/sponsorship is being requested on a separate sheet of paper. Please include the number of individuals who will participate or be served, etc.

Attached

6. Please indicate if this is a one-time or annual event:
- ☐
- One Time
- ☒
- Annual

7. Type and amount of fee waiver/sponsorship requested. Please list all County fees you are requesting be waived/sponsored in conjunction with this project/activity/event. Please attach a copy of an estimate or receipt from the County Department or Veteran's Building Operator documenting the amount of each fee you are requesting be waived/sponsored.

Department Assessing Fee	Type of Fee	Amount of Fee
Dept of Health Services	3R21 Food Preparation <2000 sq ft	\$1938.00

8. If your Community Based Organization, Non-Profit, or Governmental Agency has received a fee waiver/sponsorship for a similar project/activity/event in the past, please list below:

Date of Fee Waiver	Department Assessing Fee	Type of Fee	Amount of Fee
3 / 11 / 2025	Dept of Health Services	3R21 Food Preparation <2000 sq ft	\$1789.00
/ /			
/ /			
/ /			

9. Does the organization or agency for which the fee waiver/sponsorship is requested receive funding from any of the following sources? If so, please specify:

☐

Property Tax

☐

Sales Tax

☐

Special Assessment

☐

User Fees

Other (please specify): _____

10. If you checked any of the boxes in number 9 above, please provide an explanation and supporting documentation regarding the inability of the organization or agency to pay the fees which you are requesting be waived/sponsored. Please attach to this form and submit with your request.

11. Will the organization or agency be charging an entry fee or be requesting a donation for the project/activity/event for which you are requesting a fee waiver/sponsorship? If so, please provide an explanation detailing why the fees to be waived/sponsored cannot be recovered through the entry fee. Please attach to this form and submit with your request.

[Redacted Signature]

Authorized Signature

Executive Director

Title

3

11 / 2025

Date



March 11, 2025

Board of Supervisors

575 Administration Dr, Ste 100A
Santa Rosa, CA 95403

Dear Lynda Hopkins and Members of the Board of Supervisors,

I hope this letter finds you well. I am writing on behalf of the Sebastopol Area Senior Center to express our gratitude for the Board's past approval of our food permit fee waiver. We deeply appreciate your support and hope you will consider our request again for 2025 (formal application attached).

I am formally requesting a fee waiver for our food permit for the Harvest Café, which provides free and low-cost meals to seniors, their caregivers, and community members. As a nonprofit dedicated to supporting the well-being of older adults, we strive to keep costs as low as possible, charging only \$10 for a hearty lunch that includes a starter, entrée, and drink. ***No one is ever turned away due to an inability to pay.***

Each year, we **serve more than 7,000 meals** to seniors, caregivers, and others in need. While we recognize the importance of food permits in ensuring safety and quality, the financial constraints we face make it difficult to cover the associated fees. A waiver would significantly ease this burden, allowing us to continue providing nutritious meals to those who rely on us.

Thank you for your time and consideration. We greatly value our partnership with the County and appreciate your support in helping us serve our community.

Sincerely,

Katie Davis
Executive Director

STAFF

<i>Executive Director</i>	Katie Davis
<i>Operations Manager</i>	Rebecca MacKenzie
<i>Program Coordinator</i>	Marlo Carreno
<i>Accounting Manager</i>	Lisa Mathiesen
<i>Harvest Café</i>	Clint Gandy
<i>Transportation Coordinator</i>	Aubri Lane
<i>The Legacy</i>	Joanne Cooter, Brittany Roney
<i>LGBT Programs</i>	Scotty King
<i>Reception & Resources</i>	Emily Topai, Geri Haslett

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