

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: Tim Miller  
First Middle Last

Mailing Address: PO Box 325 Guerneville CA 95446  
Number, Street, Apt/Suite City State Zip

Phone: ( 707 ) 823 - 1640 Email: tim.miller@westcountyservices.org  
Area Code, Number

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

Name: West County Community Services

Mailing Address: PO Box 325 Guerneville CA 95446  
Number, Street, Apt/Suite City State Zip

Phone: ( 707 ) 823 - 1640 Email: tim.miller@westcountyservices.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	Shirlee Zane 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.

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
Enviromental Health	Retail Food Facility Permit - Occidental	\$872.00
Enviromental Health	Retail Food Facility Permit - Guerneville	\$872.00

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
9 / 1 / 2020	Environmental Health	Retail Food Facility Permit	\$2,616.00
/ /			
/ /			
/ /			

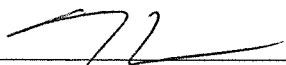
9. Does the organization or agency for which the fee waiver/sponsorship is requested receive funding from any of the following sources? If so, please specify:

- 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.

  
 \_\_\_\_\_  
 Authorized Signature  
 7 123121  
 \_\_\_\_\_  
 Date

Executive Director  
 \_\_\_\_\_  
 Title



- Adult and Youth Employment • Housing and Homeless Services
- Counseling and Behavioral Health • Senior Services

July 23, 2021

**BOARD OF DIRECTORS**

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Mike Bernard  
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Lynda Williams

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Tim Miller

**ADMINISTRATIVE OFFICE**

16390 Main Street, P.O. Box 325  
Guerneville, CA 95446  
(707) 823-1640  
FAX (707) 824-1642

[www.westcountyservices.org](http://www.westcountyservices.org)

To whom it may concern,

West County Community Services operates 2 dining sites in West County: Occidental and Guerneville. Our congregate meals program feeds 80+ people per week to seniors who, many times, this is their only meal of the day. The meals are healthy and provide the seniors with socialization in an area that people are often isolated. While we do ask for a donation, most seniors that come to our meals cannot pay, often making less than \$800/month in Social Security income. By granting a fee waiver to WCCS for the dining sites, we will be able to serve more meals to those that need them.

Thank you for considering,

Tim Miller  
Executive Director



County of Sonoma Department of Health Services  
 Environmental Health & Safety Section  
 625 5th Street  
 Santa Rosa, CA 95404 707-565-6565



**Public Health**  
 Prevent. Promote. Protect.

# INVOICE

TO: West County Community Services  
 West County Community Services  
 PO Box 325  
 Guerneville, CA 95465

Account ID	Invoice ID	Date
AR0023946	IN0130540	7/1/2021

District	Facility ID
Food District05	FA0018834

ATTN: West County Community Services  
 RE: West County Community Services

Record ID	Program Identifier	Program Element	Description	Amount
PR0026179	St Phillips Church	3R50	Food - Satellite Food Dist	\$ 872.00
Total Due for This Invoice:				\$ 872.00
Due Date:				8/1/2021

Pursuant to the Sonoma County Code, Chapter 14, and the Board of Supervisors approved fee schedule, all programs will be assessed a late fee of 25% of the remaining invoice balance due if full payment is not received within 30 days of the due date. An additional late fee of 25% of the remaining invoice balance due if full payment is not received within 60 days of the due date.

Please return this portion with your payment

From: West County Community Services dba St Phillips Church  
 3730 Bohemian Hwy

Account ID	Invoice ID	Date
AR0023946	IN0130540	7/1/2021

District	Facility ID
Food District05	FA0018834

To: County of Sonoma Department of Health Services  
 Environmental Health & Safety Section  
 625 5th Street  
 Santa Rosa, CA 95404 707-565-6565

Total Due for This Invoice: \$ 872.00  
 Due Date: 8/1/2021



County of Sonoma Department of Health Services  
 Environmental Health & Safety Section  
 625 5th Street  
 Santa Rosa, CA 95404 707-565-6565



**Public Health**  
 Prevent. Promote. Protect.

# INVOICE

TO: West County Services  
 West County Services  
 PO Box 325  
 Guerneville, CA 95446

Account ID	Invoice ID	Date
AR0023944	IN0130539	7/1/2021

District	Facility ID
Food District05	FA0018832

ATTN: West County Services  
 RE: West County Services

Record ID	Program Identifier	Program Element	Description	Amount
PR0026177	Russian River Senior Center	3R50	Food - Satellite Food Dist	\$ 872.00
Total Due for This Invoice:				\$ 872.00
Due Date:				8/1/2021

Pursuant to the Sonoma County Code, Chapter 14, and the Board of Supervisors approved fee schedule, all programs will be assessed a late fee of 25% of the remaining invoice balance due if full payment is not received within 30 days of the due date. An additional late fee of 25% of the remaining invoice balance due if full payment is not received within 60 days of the due date.

Please return this portion with your payment

From: West County Community Services dba Russian River Senior Center  
 15010 Armstrong Woods Rd

Account ID	Invoice ID	Date
AR0023944	IN0130539	7/1/2021
District	Facility ID	
Food District05	FA0018832	

To: County of Sonoma Department of Health Services  
 Environmental Health & Safety Section  
 625 5th Street  
 Santa Rosa, CA 95404 707-565-6565

Total Due for This Invoice: \$ 872.00  
 Due Date: 8/1/2021