

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: Lana Brewer
First Middle Last

Mailing Address: PO Box 622 Sonoma CA 95476
Number, Street, Apt/Suite City State Zip

Phone: (415) 648 - 0448 Email: lbrewer@vom.com
Area Code, Number

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

Name: Sonoma Home Meals DBA Meals on Wheels Sonoma

Mailing Address: PO Box 622 Sonoma CA 95476
Number, Street, Apt/Suite City State Zip

Phone: (415) 648 - 0448 Email: lbrewer@vom.com
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project/activity/event location (select all that apply)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District office to receive request (select only one)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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
Health Services (EH)	Food Permit	\$1,255.00

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 / / 2022	Health Services (EH)	Food Permit	\$1,255.00
/ / 2021	Health Services (EH)	Food Permit	\$1,255.00
/ / 2020	Health Services (EH)	Food Permit	\$1,135.00
/ / 2019	Health Services (EH)	Food Permit	\$1,082.00

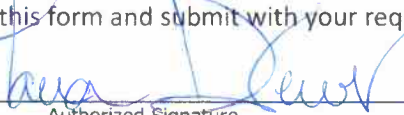
9. Does the organization or agency for which the fee waiver/sponsorship is requested receive funding from any of the following sources? If so, please specify:

- 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



 Title

3 / 10 / 2023

 Date

Meals - on - Wheels of Sonoma

P. O. Box 622

Sonoma, Ca. 95476

(Non-Profit Organization)

From inception 45 years ago and without interruption Sonoma Home Meals, Inc. dba: Meals on Wheels of Sonoma has operated entirely with dedicated volunteers who shop for, prepare and deliver two meals a day, five days a week to 60, homebound or convalescing community members who cannot cook for themselves.

We ask clients to pay \$5.00/day; currently 50% pay.



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: Sonoma Home Meals Inc
 Sonoma Home Meals Inc
 PO Box 622
 Sonoma, CA 95476

Account ID	Invoice ID	Date
AR0001018	IN0141133	3/1/2023

District	Facility ID
Food District03	FA0007764

ATTN: Sonoma Home Meals Inc
 RE: Sonoma Home Meals Inc

Record ID	Program Identifier	Program Element	Description	Amount
PR0000567	Meals On Wheels	3R11	Food - Moderate Preparation (< 2,000 sq ft)	\$ 1,255.00
Total Due for This Invoice:				\$ 1,255.00
Due Date:				3/31/2023

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: Meals On Wheels
 275 E Spain St

Account ID	Invoice ID	Date
AR0001018	IN0141133	3/1/2023
District	Facility ID	
Food District03	FA0007764	

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: \$ 1,255.00
 Due Date: 3/31/2023