

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: Emily Heinzelman
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: West County Community Services
Mailing Address: [REDACTED] Guerneville CA
Number, Street, Apt/Suite City State Zip
Phone: [REDACTED] Email: [REDACTED]
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)	☐	☐	☐	☐	☒
Project/activity/event location (select all that apply)	☐	☐	☐	☐	☒
District office to receive request (select only one)	☐	☐	☐	☐	☒

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
Dept of Environmental Health	Rental/Catering Kitchen <i>Guerneville</i>	\$1,070.00
<i>Dept. of Env. Health</i>	<i>Rental/catering Kitchen - Forestville</i>	<i>\$ 403</i>

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
<i>11 / 5 / 24</i>	<i>Env Health</i>	<i>Kitchen Licensing - Guerneville</i>	<i>\$ 1070</i>
<i>11 / 5 / 24</i>	<i>Env. Health</i>	<i>Kitchen - Forestville</i>	<i>\$403</i>
<i>/ /</i>			
<i>/ /</i>			

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

Director of Senior Services

Title

9 / 13 / 25

Date



October 1, 2025

Dear Members of the Board of Supervisors,

I am writing to respectfully request a waiver of fees for our community kitchens, which are dedicated to serving food to our local senior population.

Our kitchens (Guerneville & Forestville) play a crucial role in ensuring that seniors in our community receive nutritious meals, especially those who are homebound or facing financial difficulties. By waiving the fees, you will help us allocate more resources directly towards meal preparation and distribution, thereby increasing the number of seniors we can serve.

We believe that supporting this initiative aligns with our shared commitment to community welfare and the well-being of our senior citizens. Your consideration and support would make a significant difference in the lives of many vulnerable individuals.

Thank you for your time and consideration. We look forward to your positive response.

Sincerely,

A handwritten signature in black ink, appearing to read 'Christy Davila', written in a cursive style.

Christy Davila, Executive Director



Environmental Health ❖ 463 Aviation Blvd, Santa Rosa, CA 95403 ❖ 707-565-6565 ❖ EH@sonoma-county.org
<https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/>

INVOICE

West County Community Services
West County Services
PO Box 325
Guerneville, CA 95446-0325

Account ID

AR0023944

Invoice ID

IN1025162

Date

07/01/2025

District

02

Facility ID

FA0018832

Permit ID	Program Identifier	Description	Amount Due
PR0026177	Russian River Senior Center	3R45 - Food - Rental/Catering Kitchen	\$1,070.00

Total Due for This Invoice **\$1,070.00**

Due Date: **07/31/2025**

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 15% of the remaining permit fee balance due if full payment is not received within 30 days of the due date. An additional late fee of 15% of the remaining permit fee balance due will be assessed 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
15010 Armstrong Woods Rd
Guerneville, CA 95446-9529

Account ID

AR0023944

Invoice ID

IN1025162

Date

07/01/2025

District

02

Facility ID

FA0018832

To: County of Sonoma Department of Health Services
Environmental Health & Safety Section
463 Aviation Blvd
Santa Rosa, CA 95403

Total Due for This Invoice **\$1,070.00**

Due Date: **07/31/2025**

July 2025



Environmental Health ❖ 463 Aviation Blvd, Santa Rosa, CA 95403 ❖ 707-565-6565 ❖ EH@sonoma-county.org
<https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/>

INVOICE

Forestville Methodist Church
West County Community Services
PO Box 325
Guerneville, CA 95446-0325

Account ID

AR0023945

Invoice ID

IN1024839

Date

07/01/2025

PAPERWORK REQUIRED

District

25

Facility ID

FA0018833

Permit ID	Program Identifier	Description	Amount Due
PR0026178	Forestville Methodist Church	3CF7 - Food - LSCFO - Moderate Prep	\$403.00

Total Due for This Invoice \$403.00

Due Date: 07/31/2025

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 15% of the remaining permit fee balance due if full payment is not received within 30 days of the due date. An additional late fee of 15% of the remaining permit fee balance due will be assessed if full payment is not received within 60 days of the due date.

Please return this portion with your payment

From: Forestville Methodist Church
6550 Covey Rd
Forestville, CA 95436-9115

Account ID

AR0023945

Invoice ID

IN1024839

Date

07/01/2025

District

25

Facility ID

FA0018833

To: County of Sonoma Department of Health Services
Environmental Health & Safety Section
463 Aviation Blvd
Santa Rosa, CA 95403

Total Due for This Invoice \$403.00

Due Date: 07/31/2025

July 2025