



COUNTY OF SONOMA

575 ADMINISTRATION
DRIVE, ROOM 102A
SANTA ROSA, CA 95403

SUMMARY REPORT

Agenda Date: 4/30/2024

To: Board of Supervisors

Department or Agency Name(s): Board of Supervisors

Staff Name and Phone Number: Supervisor Chris Coursey, 707-565-2241

Vote Requirement: Majority

Supervisorial District(s): Third District

Title:

Fee Waiver

Recommended Action:

Approve a Fee Waiver in the amount of \$487.50 by Redwood Empire Food Bank for use of the Santa Rosa Veterans Memorial Building on November 7, 2024. (Third District)

Executive Summary:

This item requests a fee waiver of \$487.50.

Redwood Empire Food Bank requests an additional fee waiver for the use the Santa Rosa Veterans Memorial Building for the operation of food distribution programs for low-income families, children, and seniors. This is an additional reservation at the Santa Rosa Veterans Memorial which became available for November 7, 2024.

Discussion:

None

Strategic Plan:

NA

Racial Equity:

Was this item identified as an opportunity to apply the Racial Equity Toolkit?

No

Prior Board Actions:

FY 2024, \$22,450.00; 2023, \$23,425; FY 2022, \$10,750; FY 2018-2019, \$10,275; FY 2017-18, \$9,430; FY 2012-13, \$8,435; FY 2011-2012, \$8,490; FY 2010-2011, \$6,186; FY 2009-2010, \$5,157.

FISCAL SUMMARY

| Expenditures | FY23-24 Adopted | FY24-25 Projected | FY25-26 Projected |
|------------------------------------|----------------------------|------------------------------|------------------------------|
| Budgeted Expenses | \$487.50 | | |
| Additional Appropriation Requested | | | |
| Total Expenditures | \$487.50 | | |

Agenda Date: 4/30/2024

| | | | |
|----------------------------|-----------------|--|--|
| Funding Sources | | | |
| General Fund/WA GF | | | |
| State/Federal | | | |
| Fees/Other | | | |
| Use of Fund Balance | | | |
| General Fund Contingencies | \$487.50 | | |
| Total Sources | \$487.50 | | |

Narrative Explanation of Fiscal Impacts:

None

| Staffing Impacts: | | | |
|--|--|---------------------------|---------------------------|
| Position Title (Payroll Classification) | Monthly Salary Range (A-I Step) | Additions (Number) | Deletions (Number) |
| | | | |
| | | | |
| | | | |

Narrative Explanation of Staffing Impacts (If Required):

None.

Attachments:

Fee Waiver Application

Related Items "On File" with the Clerk of the Board:

None.