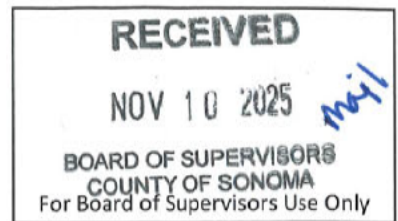


SUBMIT TO:
Board of Supervisors
575 Administration Dr, Ste 100A
Santa Rosa, CA 95403

COUNTY OF SONOMA



Fee Waiver/Board Sponsorship Request Form

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

Name: Elaine Sullivan
First Middle Last
Mailing Address: [REDACTED] Sonoma CA 95476
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: Sonoma Home Meals Inc
Mailing Address: [REDACTED] Sonoma CA 95476
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	Rebecca Hermosillo 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	Annual Food Permit	858.00

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 / 9 / 24	DHS	Annual Food Permit	1370
/ / 23	DHS	Annual Food Permit	1255
/ / 22	DHS	Annual Food Permit	1255
/ / 21	DHS	Annual Food Permit	1255

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

Treasurer

Title

11 / 5 / 2025

Date

Sonoma Home Meals, Inc
Meals-On-Wheels of Sonoma
PO Box 622
Sonoma, CA 95476

From our inception 51 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 homebound or convalescing community members who cannot cook for themselves.

We currently serve over 80 clients daily and request that our clients pay \$7 per day. Approximately 30% of our clients are able to pay, with the remaining costs covered by donations.



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

Sonoma Home Meals Inc
Sonoma Home Meals Inc
[REDACTED]
Sonoma, CA 95476-0622

Account ID	Invoice ID	Date
AR1043722	IN1026887	11/01/2025

District	Facility ID
43	FA1000451

Permit ID	Program Identifier	Description	Amount Due
PR0030636	Meals on Wheels of Sonoma	3R40 - Food - Caterer	\$858.00

Total Due for This Invoice \$858.00

Due Date: 11/30/2025

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: Sonoma Home Meals Inc
[REDACTED]
Sonoma, CA 95476-5732

Account ID	Invoice ID	Date
AR1043722	IN1026887	11/01/2025

District	Facility ID
43	FA1000451

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

Total Due for This Invoice \$858.00

Due Date: 11/30/2025

November 2025