COUNTY OF SONOMA

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



SUMMARY REPORT

Agenda Date: 9/9/2025

To: Board of Supervisors

Department or Agency Name(s): Board of Supervisors

Staff Name and Phone Number: Supervisor Lynda Hopkins, 707-565-2241

Vote Requirement: Majority Supervisorial District(s): Fifth

Title:

Fee Waiver - Russian River Rotary Club

Recommended Action:

Approve permit fee waiver in the amount of \$309.98 for Russian River Rotary Club's Rockin' the River music events. (Fifth District)

Executive Summary:

Rockin' the River is a free, non-profit, Summer Concert Series which supports local artists and the community with the help of the Russian River Rotary Club. A fee waiver is recommended to help keep the event's budget within means.

Discussion:

Rockin' the River is a free, non-profit, Summer Concert Series which supports local artists and the community with the help of the Russian River Rotary Club. The event will occur September 4, 2025. Over 100 people are expected to attend the event. Rotarians donate their time, including trash pick-up after the event, to ensure the event runs smoothly. The event is fee of charge to the public.

Strategic Plan:

Racial Equity:

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

No

Prior Board Actions:

09-19-2023; 06-04-2024

FISCAL SUMMARY

| 1 | | FY27-28 Projected |
|------------------------------------|----------|----------------------|
| Budgeted Expenses | | |
| Additional Appropriation Requested | \$309.98 | |
| Total Expenditures | \$309.98 | |

Agenda Date: 9/9/2025

| Funding Sources | | |
|----------------------------|----------|--|
| General Fund/WA GF | | |
| State/Federal | | |
| Fees/Other | | |
| Use of Fund Balance | | |
| General Fund Contingencies | \$309.98 | |
| Total Sources | \$309.98 | |

Narrative Explanation of Fiscal Impacts:

\$309.98 in General Fund Contingencies is requested for this fee waiver.

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

Attachments:

Application

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