



COUNTY OF SONOMA

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

SUMMARY REPORT

Agenda Date: 1/27/2026

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 \$47,800.00 by Redwood Empire Food Bank for use of the Santa Rosa Veterans Memorial Building from January through December 2026. (Third District)

Executive Summary:

This item requests a fee waiver of \$47,800.00.

Redwood Empire Food Bank requests a 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.

Discussion:

None

Strategic Plan:

N/A

Racial Equity:

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

No

Prior Board Actions:

FY 2025 22,937.50; FY 2024 \$22,450.00 and \$487.50; FY 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.

Agenda Date: 1/27/2026

FISCAL SUMMARY

| Expenditures | FY23-24 Adopted | FY24-25 Projected | FY25-26 Projected |
|---------------------|------------------------|--------------------------|--------------------------|
|---------------------|------------------------|--------------------------|--------------------------|

| | | | |
|-------------------|-------------|--|--|
| Budgeted Expenses | \$47,800.00 | | |
|-------------------|-------------|--|--|

| | | | |
|------------------------------------|--|--|--|
| Additional Appropriation Requested | | | |
|------------------------------------|--|--|--|

| | | | |
|---------------------------|--------------------|--|--|
| Total Expenditures | \$47,800.00 | | |
|---------------------------|--------------------|--|--|

Funding Sources

| | |
|--------------------|--|
| General Fund/WA GF | |
|--------------------|--|

| | |
|---------------|--|
| State/Federal | |
|---------------|--|

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|------------|--|
| Fees/Other | |
|------------|--|

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|---------------------|--|
| Use of Fund Balance | |
|---------------------|--|

| | |
|----------------------------|-------------|
| General Fund Contingencies | \$47,800.00 |
|----------------------------|-------------|

| | |
|----------------------|--------------------|
| Total Sources | \$47,800.00 |
|----------------------|--------------------|

Narrative Explanation of Fiscal Impacts:

General Fund Contingencies in the amount of \$47,800.00 is requested for this fee waiver.

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:

None

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

Fee Waiver Application