



# COUNTY OF SONOMA

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

## SUMMARY REPORT

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**Agenda Date:** 9/1/2020

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**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 District

**Title:**

Fee Waiver

**Recommended Action:**

Approve a Fee Waiver in the amount of \$2616 for West County Community Services for permitting fees for dining sites to provide meals for seniors in the three venues of Occidental, Forestville and Guerneville. (Fifth District)

**Executive Summary:**

West County Community Services operates 3 dining sites in West County: Occidental, Forestville and Guerneville. The meal program feeds at least 80 seniors per week and often their only meal of the day. The meals are healthy and provide seniors with socialization rather than isolation. By granting the fee waiver, West County Community Services can dedicate more resources directly into serving meals to those who need them.

**Discussion:**

Meals are being provided on a pick up and take home basis, while WCCS follows the county's Public Health Order requirements which include face covering and 6-foot physical distancing in addition to the County Environmental Health food safety requirements.

Services public fees are not already covered by funding agreements awarded through our departments' programs such as HSD.

**Prior Board Actions:**

Approved 08-20-2019, 08-14-2018, 11-14-2017 and 10-25-2016

**FISCAL SUMMARY**

<b>Expenditures</b>	<b>FY 19-20 Adopted</b>	<b>FY20-21 Projected</b>	<b>FY 21-22 Projected</b>
Budgeted Expenses			
Additional Appropriation Requested	\$2,616		
<b>Total Expenditures</b>	<b>\$2,616</b>		
<b>Funding Sources</b>			
General Fund/WA GF			

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State/Federal			
Fees/Other			
Use of Fund Balance			
Contingencies	\$2,616		
<b>Total Sources</b>	<b>\$2,616</b>		

**Narrative Explanation of Fiscal Impacts:**

<b>Staffing Impacts:</b>			
<b>Position Title (Payroll Classification)</b>	<b>Monthly Salary Range (A-I Step)</b>	<b>Additions (Number)</b>	<b>Deletions (Number)</b>

**Narrative Explanation of Staffing Impacts (If Required):**

**Attachments:**

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

West County Community Services Letter