COUNTY OF SONOMA

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

For Board of Supervi	isors Use Only

Fee Waiver/Board Sponsorship Request Form

	-	CC Walvery Doald Spi	<u> </u>	Request	TOTAL			
1.	Contact information fo	r individual requesting fee w	aiver/sponso	orship:				
	Name:	Name: Allison First Middle		Goodwin				
					Last			
	Mailing Address:	3990 Brickway B	lvd.		Santa Rosa	CA	95403	
		Number, Street, Apt/Sui	te		City	State	Zip	
	Phone:	(707) 523 - 7900	Email:		agoodwi	n@refb.org		
		Area Code, Number						
2.	Name of Community Basis requested:	ased Organization, Non-Prof	it, or Govern	ment Agenc	y for which	fee waiver/s	ponsorship	
	Name:							
	Mailing Address:	Mailing Address: 3990 Brickway Blvd			Santa Rosa	CA	95403	
		Number, Street, Apt/Suit	te		City	State	Zip	
	Phone:	(707) 523 - 7900	Email:		agoodwii	n@refb.org		
_		Area Code, Number						
3.		k mark the supervisory distr		(-	_			
		re the project/activity/even	t will be held,	, and the dis	trict office t	o whom you	would like	
	to submit this request:							
			Susan	David	Chris	James	Lynda	
	Board Mer	nber and District	Gorin	Rabbitt	Coursey	Gore	Hopkins	
			District 1	District 2	District 3	District 4	District 5	
	Entity or organization (select all that apply)	location				V		
Project/activity/even (select all that apply)		location			V			
	District office to receiv	ve request (select only one)			~			
					l			
4.	Type of Community Bas	sed Organization, Non-profit	, or Governm	ent Agency	for which th	ne fee		
0.0	waiver/sponsorship is r		•	,				
		District		Other	Local Gover	nment		
	Sahaal	Non nu	ofit or CBO					
	School	Non-pro	ont or CBO					
	Other (please specify):							
5.		ption of the project/activity/ paper. Please include the nu			I/A - 51			
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.

Type of Fee	Amount of Fee
SR Vets Building Reservation Fees July-Dec 2022	\$10,750.00

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
9 / 11 / 2018		Santa Rosa Veteran Building Rental Fees	\$10,275.00
3 / 13 / 2018		SR Vets Rental Fees	\$2,310.00
8 / 22 / 2017		SR Vets Rental Fees	\$9,430.00
/ /			

9.	the following sources? If so, please specify:					
	Property Tax Sales 1	Гах	Special Assessment			
	User Fees					
	Other (please specify):					
10.	If you checked any of the boxes in number 9 above documentation regarding the inability of the organized/sponsored. Please attach to this form and	nization or agency to pay	the fees which you are requesting be			
11.	1. 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.					
	ausonfuceur	Director of Programs				
	7 / 20 / 2022	Title				
	Date					