

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

COUNTY OF SONOMA

For Board of Supervisors Use Only

Fee Waiver/Board Sponsorship Request Form

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

Name: Emily Heinzelman
First Middle Last

Mailing Address: 15010 Armstrong Woods Rd Guerneville CA 95446
Number, Street, Apt/Suite City State Zip

Phone: (707) 823 - 1640 Email: emily.heinzelman@westcountyservices.org
Area Code, Number

2. Name of Community Based Organization, Non-Profit, or Government Agency for which fee waiver/sponsorship is requested:

Name: West County Community Services

Mailing Address: PO Box 325 Guerneville CA
Number, Street, Apt/Suite City State Zip

Phone: (707) 823 - 1640 Email: tim.miller@westcountyservices.org
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	Susan Gorin 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Project/activity/event location (select all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
District office to receive request (select only one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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
Dept of Environmental Health	Rental/Catering Kitchen	\$983.00

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 / / 2021	Env Health	Kitchen Licensing	\$1,744.00
/ /			
/ /			
/ /			

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:

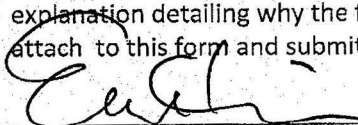
- Property Tax
 Sales Tax
 Special Assessment

 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

Director of Senior Services

 Title

8 / 10 / 22

 Date



16390 Main St, PO Box 325
Guerneville, CA 95446
Tel: 707-823-1640
www.westcountyservices.org

August 9, 2022

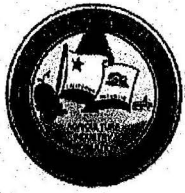
To whom it may concern,

West County Community Services operates a dining site in Guerneville, 4x/week. Our congregate meals program feeds 80+ people per week to seniors who, many times, this is their only meal of the day. The meals are healthy and provide the seniors with socialization in an area that people are often isolated. While we do ask for a donation, many seniors that come to our meals cannot pay, often making less than \$800/month in Social Security income. By granting a fee waiver to WCCS for the dining site, we will be able to serve more meals to those that need them.

Thank you for considering,

A handwritten signature in black ink, appearing to read "Tim Miller", is written over a horizontal line.

Tim Miller, ED



County of Sonoma Department of Health Services
 Environmental Health & Safety Section
 625 5th Street
 Santa Rosa, CA 95404 707-565-6565



Public Health
 Prevent. Promote. Protect.

INVOICE

TO: West County Services
 West County Services
 PO Box 325
 Guerneville, CA 95446

Account ID	Invoice ID	Date
AR0023944	IN0137261	7/1/2022
District		Facility ID
Food District05		FA0018832

ATTN: West County Services
 RE: West County Services

Record ID	Program Identifier	Program Element	Description	Amount
PR0026177	Russian River Senior Center	3R45	Food - Rental/Catering Kitchen	\$ 983.00
Total Due for This Invoice:				\$ 983.00
Due Date:				8/1/2022

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 25% of the remaining invoice balance due if full payment is not received within 30 days of the due date. An additional late fee of 25% of the remaining invoice balance due if full payment is not received within 60 days of the due date.

Please return this portion with your payment

From: West County Community Services dba Russian River Senior Center
 15010 Armstrong Woods Rd

Account ID	Invoice ID	Date
AR0023944	IN0137261	7/1/2022
District		Facility ID
Food District05		FA0018832

To: County of Sonoma Department of Health Services
 Environmental Health & Safety Section
 625 5th Street
 Santa Rosa, CA 95404 707-565-6565

Total Due for This Invoice: \$ 983.00
 Due Date: 8/1/2022