## SUBMIT TO:

## **COUNTY OF SONOMA**

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

For Board of Supervisors Use Only	

## Fee Waiver/Board Sponsorship Request Form

1.	Contact information for	or individual requesting fee w	vaiver/sponso	orship:			
	Name:	me: Allison			Goodwin		
		First Middle			Li	est	
	Mailing Address:				Santa Rosa	CA	95403
	Dhama	Number, Street, Apt/Sui			City	State	Zip
	Phone:	( 707 ) 523 - 7900 Area Code, Number	Email:		agoodwi	n@refb.org	
2.	is requested:	Community Based Organization, Non-Profit, or Government Agency for which fee waiver/sponsorship ted:					ponsorship
	Name:	Redwood Empire Food Bank					
	Mailing Address:	3990 Brickway E Number, Street, Apt/Sui			Santa Rosa	CA State	95403 Zip
	Phone:	(707) 523 - 7900	Email:			n@refb.org	2.6
3.	request is located, where the project/activity/event will be held, and the district office to whom you would lik to submit this request:					would like	
	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 (select all that apply)					~	
	Project/activity/event location						
(select all that apply)							
	District office to recei	ve request (select only one)			<b>V</b>		
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  Non-profit or CBO			nment			
	Other (please specify)	:					
5.		ption of the project/activity/ paper. Please include the nu			1000 1001		
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
Board of Supervisors	SR Vets building reservation fees Jan-Dec 2023	\$22,937.50

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 / 27 / 2022		SR Vets building rental fees	\$10,750.00
9 / 11 / 2018		SR Vets building rental f	\$10,275.00
3 / 13 / 2018		SR Vets building rental f	\$2,310.00
8 / 22 / 2017		SR Vets building rental f	\$9,430.00

9.	Does the organization or agency for which the fee waiver/sponsorship is requested receive funding from any the following sources? If so, please specify:				
	Property Tax Sa	es Tax	Special Assessment		
	User Fees				
	Other (please specify):				
10.	If you checked any of the boxes in number 9 al documentation regarding the inability of the o waived/sponsored. Please attach to this form	rganization or agency to pay	the fees which you are requesting be		
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. Pleas attach to this form and submit with your request.					
	auventadiii	Director of Programs			
	Authorized Signature	Title			
	11 / 10 / 2022				
	Date				