



SONOMA COUNTY

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

Legislation Details (With Text)

File #: 2021-0138
Type: Consent Calendar Item **Status:** Agenda Ready
File created: 2/9/2021 **In control:** Board of Supervisors District 3
On agenda: 3/2/2021 **Final action:**
Title: Fee Waiver
Sponsors: Board of Supervisors
Indexes:
Attachments: 1. Summary Report

| Date | Ver. | Action By | Action | Result |
|------|------|-----------|--------|--------|
|------|------|-----------|--------|--------|

To: Board of Supervisors
Department or Agency Name(s): Board of Supervisors
Staff Name and Phone Number: Supervisor Coursey, 707-565-2241
Vote Requirement: Majority
Supervisorial District(s): Third District

Title:
Fee Waiver

Recommended Action:

Approve waiver of health inspection fees in the amount of \$1,963 for 1 facility for the Council on Aging's Meals on Wheels kitchen producing and providing 29,000 meals each month for seniors in Sonoma County. (Third District)

Executive Summary:

Approve waiver of health inspection fees in the amount of \$1,963 for 1 facility for the Council on Aging's Meals on Wheels kitchen producing and providing 29,000 meals each month for seniors in Sonoma County. (Third District)

Discussion:

Click or tap here to enter text.

Prior Board Actions:

This fee was waived in 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020

FISCAL SUMMARY

| Expenditures | FY 20-21 Adopted | FY21-22 Projected | FY 22-23 Projected |
|------------------------------------|---------------------|----------------------|-----------------------|
| Budgeted Expenses | | | |
| Additional Appropriation Requested | \$1,963.00 | | |
| Total Expenditures | \$1,963.00 | | |

| | | | |
|------------------------|-------------------|--|--|
| Funding Sources | | | |
| General Fund/WA GF | \$1,963.00 | | |
| State/Federal | | | |
| Fees/Other | | | |
| Use of Fund Balance | | | |
| Contingencies | \$1,963.00 | | |
| Total Sources | \$1,963.00 | | |

Narrative Explanation of Fiscal Impacts:

Click or tap here to enter text.

| | | | |
|--|--|---------------------------|---------------------------|
| Staffing Impacts: | | | |
| Position Title (Payroll Classification) | Monthly Salary Range (A-I Step) | Additions (Number) | Deletions (Number) |
| | | | |
| | | | |
| | | | |

Narrative Explanation of Staffing Impacts (If Required):

Attachments:

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

Fee Waiver Request