



Citizens' Advisory Committee
on
Measure Z Expenditures
Humboldt County

AGENDA

**HUMBOLDT COUNTY COURTHOUSE
BOARD OF SUPERVISORS' CHAMBERS
825 FIFTH STREET
EUREKA, CALIFORNIA**

**Thursday, Jan. 12, 2023
Time 2:00 PM**

You may participate in the the meeting in three ways:

1. In person

Board of Supervisors Chambers

825 5th Street, Eureka

2. Via Web: [https://us02web.zoom.us/j/83220726779?
pwd=aTBPdWgxNkNlZldUOG5NQjZJYXVZZz09](https://us02web.zoom.us/j/83220726779?pwd=aTBPdWgxNkNlZldUOG5NQjZJYXVZZz09)

Passcode: 989391

3. Via Phone:

Dial: +1 669 900 9128

Webinar ID: 832 2072 6779

Passcode: 989391

- A. **SALUTE TO THE FLAG**
- B. **MODIFICATIONS TO THE AGENDA**
- C. **PUBLIC COMMENT ON NON-AGENDA ITEMS**
- D. **DISCUSSION ITEMS**

D.1. **Approval Of Nov. 10, 2022 Action Summary**

Documents:

[Draft Action Summary - Nov 10 2022.pdf](#)

D.2. **County Administrative Office Updates**

D.3. **Approve Final Application Period**

Proposed application period is opening Friday, Jan. 13, 2023, closing Friday, Feb. 17, 2023 at 5 p.m.

Documents:

[MZ Funding Application 2023-2024 template.docx](#)
[Measure Z Proposed Budget Template - FY 2023-24.xlsx](#)
[Measure Z Proposed Budget Template - FY 2023-24.pdf](#)

E. **ADJOURNMENT**

County of Humboldt Web Site: <https://humboldt.gov/MeasureZ>

Citizens' Advisory Committee
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Humboldt County

Meeting Minutes

**HUMBOLDT COUNTY COURTHOUSE
BOARD OF SUPERVISORS' CHAMBERS
825 FIFTH STREET
EUREKA, CALIFORNIA**

**DAY, DATE, 20XX
2:00 PM**

County of Humboldt Web Site: <http://humboldtgov.org/MeasureZ>

11/10/2022 - Minutes

- A. **SALUTE TO THE FLAG**
- B. **MODIFICATIONS TO THE AGENDA**
- C. **PUBLIC COMMENT ON NON-AGENDA ITEMS**
- D. **DISCUSSION ITEMS**
 - D.1. **Updates On Measure Z Recipients**

No action taken

D.2. Approval Of Oct. 27, 2022 Action Summary

Motion by Sean Robertson to approve the action summary

Seconded by Nicholas Kohl

Approved 9-0

D.3. County Administrative Office Updates

D.3.a. Review Prior Revenue Estimates Vs Actuals, And Discretionary Funding Amounts Available

No action taken

D.4. Confirm FY 2023-24 Application

No action taken

E. ADJOURNMENT

DRAFT



CITIZENS' ADVISORY COMMITTEE ON MEASURE Z EXPENDITURES

The Humboldt County Citizens' Advisory Committee on *Measure Z* Expenditures is now accepting applications for funding. *Measure Z*, Humboldt County's Public Safety/Essential Services Measure, is a half-cent sales tax, passed by the voters of Humboldt County during the November 2014 general election.

Measure Z will maintain and improve essential services, such as:

- 911 emergency response, rural ambulance and fire protection;
- Ensuring 24-hour Sheriff's patrols;
- Providing children's mental health services and services to victims of child abuse;
- Emergency communications systems;
- Repairing deteriorating roads; and
- Other essential general services.

If you believe you provide public safety or essential services for Humboldt County, and would like to apply for *Measure Z* funding, an application for funding may be obtained on the County's website at www.humboldt.gov, or by contacting the Humboldt County Administrative Office, (707) 445-7266.

Applications for funding must be filed with the county administrative office BY 5:00 P.M. ON FEBRUARY 17, 2023. Postmarks are not acceptable for meeting this deadline.

Justin Robbins

Committee Chair

Ginger Campbell

Committee Vice Chair



CITIZENS' ADVISORY COMMITTEE ON *MEASURE Z* EXPENDITURES

The Advisory Committee meets on each Wednesday in March to review applications and will make recommendations to the Humboldt County Board of Supervisors in April.

APPLICATION FOR FUNDING

Agency Name: _____

Mailing Address: _____

Contact Person: _____ Title: _____

Telephone: _____ E-mail address: _____

1. AMOUNT OF MEASURE Z FUNDING REQUESTED FOR FY 2023-2024: \$ _____

2. ENTITY TYPE -- Please check appropriate box.

- a. Humboldt County Department
- b. Contract Service Provider to Humboldt County
- c. Local Government Entity
- d. Private Service Provider
- e. Non-Profit Service Provider
- f. Other, Describe: _____

3. Is this application a renewal or related to a project that has been funded by *Measure Z* in the past?
(check one) Yes No

4. Describe how the scope of your proposal fits the intent of *Measure Z*. Specifically, how will it maintain and improve public safety and essential services, as described on the previous page?

5. Please provide a brief description of the proposal for which you are seeking funding.



6. How have you developed a plan for sustainability, including diversification of funding sources, for your proposal to carry on without reliance on future *Measure Z* funds?

7. If this request is for the continuation or expansion of an existing program/service, what is the current source of funding for that program/service?

8. If you are awarded *Measure Z* funds, how do you plan to leverage these funds to secure additional grants, contributions or community support?

9. Will this proposal require new or expanded activity on the part of another entity to be fully functional and effective? If so, name that entity and describe what that participation would look like.

10. Are there recurring expenses associated with this application, such as personnel cost? Please check yes or no: Yes No

If you checked yes, detail those expenses here:



REQUIRED ATTACHMENTS

Include the following with your application, making sure to **limit your responses to one page, per section.** Responses longer than the maximum, may not be read by committee members or considered as part of your application

Prior Year Results: If your request is a continuation of a program funded with Measure Z in prior fiscal years, please provide the results of implementation. (one page maximum)

Program Budget: Please utilize the template provided on the following pages. This will need to be updated if your agency is approved for funding.

I declare under penalty of perjury under the laws of the State of California that the above statements and all attachments are true and correct

DATE: _____

SIGNATURE: _____

SUBMIT YOUR COMPLETE APPLICATION TO:

Humboldt County Citizens' Advisory Committee on *Measure Z* Expenditures
c/o County Administrative Office
825 Fifth Street, Suite 112
Eureka, CA 95501-1153

Exhibit E

PROPOSED BUDGET

Agency Name:
Coordinator/Contact:
Address:
Phone:

Descriptions	Costs	Requested Budget	Remaining Balance
A. Personnel Costs			
Title: Salary and Benefits Duties Description:			0
Title: Salary and Benefits Duties Description:			0
Title: Salary and Benefits Duties Description:			0
Title: Salary and Benefits Duties Description:			0
Title: Salary and Benefits Duties Description:			0
Total Personnel:	0.00	0.00	0.00
B. Operational Costs (Rent, Utilities, Phones, etc.)			
Title: Description:			
Title: Description:			
Title: Description:			
Title: Description:			
Total Operating Costs:	0	0	0
C. Consumables/Supplies (Supplies and Consumables should be separate)			
Title: Description:			
Title: Description:			
Title: Description:			
Title: Description:			
Total Consumable/Supplies:	0	0	0
D. Transportation/Travel (Local and Out-of-County should be separate)			
Title: Description:			
Title: Description:			
Title: Description:			
Total Transportation/Travel Costs:	0	0	0
E. Fixed Assets			
Title: Description:			
Title: Description:			

Exhibit E

PROPOSED BUDGET

Agency Name:
Coordinator/Contact:
Address:
Phone:

Descriptions	Costs	Requested Budget	Remaining Balance
Title:			
Description:			
Title:			
Description:			
Total Other Costs:		0	0
Budget Total:		0.00	0

EXHIBIT F

Exhibit F - Measure Z - Proposed Invoice

Agency Name:
Coordinator/Contact:
Address:
Phone:

Invoice Date: _____

Invoice # MZ- _____

Invoice Period: _____

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)	\$0.00	
Operational Costs (Rent, Utilities, Phones, etc.)	\$0.00	
Consumables/Supplies (Supplies and Consumables should be separate)	\$0.00	
Transportation/Travel (Local and out of county should be separate)	\$0.00	
Other (Indirect Costs, Contracts, etc.)	\$0.00	
		\$0.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the expenditures are in accordance with the approved Agreement cited for services provided under the provision of that agreement. Full justification and backup records for the expenditures are maintained in our office at the address indicated.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Approved by County Administrative Office: _____ Date: _____





Notes on using the budget and invoice template

1 provided

2 Complete the Budget tab first, the Invoice tab will auto-populate the appropriate fields based on this data.

3 Be sure to sign the invoice and budget documents before submitting

4 All invoice categories and items should match the approved project budget

NOTE: The worksheet has been created to assist in the completion of the invoice. The worksheet will self populate the invoice except on highlighted cells. The worksheet is a tool to use to insure that all expenditures are accurately represented.

Exhibit E

PROPOSED BUDGET

Agency Name:
Coordinator/Contact:
Address:
Phone:

Descriptions	Costs	Requested Budget	Remaining Balance
A. Personnel Costs			
Title:			
Salary and Benefits			0
Duties Description:			
Title:			
Salary and Benefits			0
Duties Description:			
Title:			
Salary and Benefits			0
Duties Description:			
Title:			
Salary and Benefits			0
Duties Description:			
Title:			
Salary and Benefits			0
Duties Description:			
Total Personnel:		0.00	0.00
B. Operational Costs (Rent, Utilities, Phones, etc.)			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Total Operating Costs:		0	0
C. Consumables/Supplies (Supplies and Consumables should be separate)			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Total Consumable/Supplies:		0	0
D. Transportation/Travel (Local and Out-of-County should be separate)			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Total Transportation/Travel Costs:		0	0
E. Fixed Assets			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Total Other Costs:		0	0
Budget Total:		0.00	

EXHIBIT F

Exhibit F - Measure Z - Proposed Invoice

Agency Name:
Coordinator/Contact:
Address:
Phone:

Invoice Date: _____

Invoice # MZ- _____

Invoice Period: _____

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)	\$0.00	
Operational Costs (Rent, Utilities, Phones, etc.)	\$0.00	
Consumables/Supplies (Supplies and Consumables should be separate)	\$0.00	
Transportation/Travel (Local and out of county should be separate)	\$0.00	
Other (Indirect Costs, Contracts, etc.)	\$0.00	
		\$0.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the expenditures are in accordance with the approved Agreement cited for services provided under the provision of that agreement. Full justification and backup records for the expenditures are maintained in our office at the address indicated.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Approved by County Administrative Office: _____ Date: _____

Humboldt County Administrative Office
 825 Fifth Street, Room 112
 Eureka Ca 95501



cao@co.humboldt.ca.us
 (707) 445-7266

Notes on using the budget and invoice template

- 1 We prefer this form over others but other formats may be used as long as all requested information is provided
- 2 Complete the Budget tab first, the Invoice tab will auto-populate the appropriate fields based on this data.
- 3 Be sure to sign the invoice and budget documents before submitting
- 4 All invoice categories and items should match the approved project budget

NOTE: The worksheet has been created to assist in the completion of the invoice. The worksheet will self populate the invoice except on highlighted cells. The worksheet is a tool to use to insure that all expenditures are accurately represented.