

GLENN ZIEMER, Chair – First District
ERNIE BRANSCOMB, Second District
GINGER CAMPBELL, Third District
NICHOLAS KOHL, Fourth District
SCOTT BINDER, Fifth District



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BOB BRONKALL, At-Large
SEAN ROBERTSON, Fire Chiefs Assoc.
WILLIAM HONSAL, Sheriff's Office
EDDIE MORGAN, Alternate
TAMI TRENT, Alternate

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 provide funds to maintain and improve public safety and essential services, such as:

- Investigating violent crimes, including rape and domestic violence;
- Maintaining 911 emergency response times;
- Ensuring on-duty Sheriff's deputies;
- Providing drug treatment programs;
- Providing services for the victims of child abuse;
- Maintaining rural fire protection and ambulance services; and
- Cleaning up environmentally-damaging marijuana farms and illegal dumping.

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.org, 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 18, 2022. Postmarks are not acceptable for meeting this deadline.

Glenn Ziemer
Committee Chair

Justin Robbins
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 2022-2023: \$ _____

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

Proposal Narrative: Brief description of your request for Measure Z funds – Please explain how it is an essential service or improves public safety. (one page maximum)

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. You may also download this as an excel using this link: <https://humboldt.gov.org/DocumentCenter/View/102873/Measure-Z-Proposed-Budget-Template---FY-2022-23>

DATE: _____ SIGNATURE: _____

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

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:			
Title: Description:			
Title: Description:			
Total Other Costs:	0	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.