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GINGER CAMPBELL, Third District –
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EDDIE MORGAN, Alternate
VACANT, 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 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.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 17, 2023. Postmarks are not acceptable for meeting this deadline.

Justin Robbins

Committee Chair

Ginger Campbell

Committee Vice Chair

Humboldt County Measure Z Advisory Committee • Fiscal Year 2022-23 Application for Funding

Humboldt County Administrative Office • 707-445-7266 • cao@co.humboldt.ca.us



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
