



## CITIZENS' ADVISORY COMMITTEE ON *MEASURE Z* EXPENDITURES

(Advisory Committee will make recommendations to the Humboldt County Board of Supervisors as to expenditure of funds derived from *Measure Z*.)

### APPLICATION FOR FUNDING

RECEIVED

FEB 17 2017

CAO

Agency Name: Humboldt County Sheriff's Office

Mailing Address: 826 4<sup>th</sup> Street

Contact Person: Mike Downey

Title: Sheriff

Telephone: 707-268-2500

E-mail address: mdowney@co.humboldt.ca.us

1. AMOUNT OF MEASURE Z FUNDING REQUESTED FOR FY 2017-18: \$ 309,658

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

3. Please provide brief description of proposal for which you are seeking funding.

The radio system in Humboldt County is out of date and does not provide sufficient coverage in many critical parts of the county. This radio system is relied on by several public agencies including the Sheriff's Office, Public Works and Probation. The Measure Z funding being requested would help finish a comprehensive study that will be done on the radio system, and will help purchase equipment to begin upgrading and replacing the old system.

4. *Measure Z* funding is scheduled to "sunset" in 2020. How are you developing a plan for sustainability, including diversification of funding sources, in order for your proposal to carry on without reliance on future *Measure Z* funds?

This is a request for one-time funds. County departments that utilize the radio towers and equipment pay for the maintenance costs. Once the radio system project is complete, there could be an opportunity for outside agencies to use the towers and contribute to maintenance costs.

5. 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?

None

6. If you are awarded *Measure Z* funds, how will you use them to leverage additional grants, contributions, or community support?

The Sheriff's Office has already contributed \$18,000 from the Emergency Management Preparedness Grant (EMPG) to begin the system evaluation. We would seek EMPG and/or Homeland Security grant funding to finish implementation of the plan and installation of equipment.

7. Will this proposal require new or expanded activity on the part of another entity to be fully functional and effective? If so, please describe.

No

**ATTACHMENTS—Please include the following with your application**

***Proposal Narrative:*** Brief description of your request for *Measure Z* funds – Please explain how it is an essential service or for 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***

***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:

2/17/2017

SIGNATURE:



**SUBMIT THIS APPLICATION TO:**

Humboldt County Citizens' Advisory Committee on *Measure Z* Expenditures  
c/o County Administrative Office  
825 Fifth Street, Suite 111  
Eureka, CA 95501-1153.

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Budget  
Agency Name

Invoice Date: \_\_\_\_\_

Invoice # MZ- \_\_\_\_\_

Invoice Period: \_\_\_\_\_

Descriptions	Amounts	Approved Budget	Remaining Balance
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**A. Personnel Costs**

Title: Salary and Benefits Calculation:			0.00
Duties Description:			
Title: Salary and Benefits Calculation:			0
Duties Description:			
Title: Salary and Benefits Calculation:			0
Duties Description:			
Title: Salary and Benefits Calculation:			0
Duties Description:			

**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: RFP proposal evaluation report Description: CDX will conduct an independent review and scoring of the proposals received from radio vendors	30,620		
Title: Completion of negotiations Description: CDX will assist the county with contract negotiations with the selected vendor	29,038		
Title:			
Description:			
Title:			
Description:			

**Total Consumable/Supplies:                      0                      0                      0**

**D. Transportation/Travel (Local and Out-of-County should be separate)**

Title:			
Description:			
Title:			

Budget  
Agency Name

Invoice Date: \_\_\_\_\_

Invoice # MZ- \_\_\_\_\_

Invoice Period: \_\_\_\_\_

Descriptions	Amounts	Approved Budget	Remaining Balance
Description:			
Title:			
Description:			
<b>Total Transportation/Travel Costs:</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>E. Fixed Assets</b>			
Title: Equipment for radio system	250,000		
Description:			
Title:			
Description:			
<b>Total Other Costs:</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Invoice Total:</b>	<b>309,658</b>		