

**ATTACHMENT 1
QUARTERLY AND FINAL SUMMARY REPORT**

**COUNTY OF HUMBOLDT – MEASURE Z
Report Form**



Organization Name: City of Blue Lake

Report Date: October 30, 2017

Contact Name: Amanda Mager, City Manager

Phone: 707-668-5655

Please attach a narrative report addressing the items outlined in section I below. Feel free to attach any other relevant materials or reports.

I. QUARTERLY NARRATIVE (please attach a maximum of 1 page, exclusive of attachments)

A. Results/Outcomes

1. Please describe the Measure Z activities completed and/or total numbers served or reached.

The MOU was executed on October 26, 2017

2. What difference did Measure Z funding make in our community and for the population you are serving? Please discuss evidence of effect (e.g., community indicators, outcomes, etc.). *If you have evaluation materials that document outcomes and impacts of your work, feel free to attach them in lieu of answering this or other questions.*

N/A-Deputy position has not been filled

3. Describe any unanticipated impacts of receiving Measure Z funding, positive or negative, not already described above.

N/A-No activity to report for this quarter

II. FINAL SUMMARY REPORT (please attach a maximum of 2 pages, exclusive of attachments)

A. Lessons Learned

1. Describe what you learned based on the results/outcomes you reported in Section A above and what, if any, changes you will make based on your results/outcomes.
2. What overall public safety improvements has your organization seen as a result of receiving Measure Z funding?

ATTACHMENT II - EXHIBIT F

Measure Z - Invoice

**Agency Name: City of Blue Lake
 Coordinator/Contact: Amanda Mager
 Address: PO Box 458-Blue Lake, CA 95525
 Phone: 707-668-5655**

Invoice Date: N/A

Invoice # MZ- N/A

Invoice Period: N/A

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)	\$0.00	N/A
Operational Costs (Rent, Utilities, Phones, etc.)	\$0.00	N/A
Consumables/Supplies (Supplies and Consumables should be separate)	\$0.00	N/A
Transportation/Travel (Local and out of county should be separate)	\$0.00	N/A
Other (Indirect Costs, Contracts, etc.)	\$0.00	N/A
		\$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 and date: Amanda Mager - Nov. 2, 2017

Print Name and Title: Amanda Mager - City Manager

Send invoice to:

COUNTY OF HUMBOLDT
 County Administrative Office
 825 Fifth Street, Room 112
 Eureka Ca 95501



_____ Date

_____ Date

(707) 445-7266