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JOHN MCFARLAND, Alternate

GLENN ZIEMER, Vice Chair 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, was passed by the voters of Humboldt County in 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 Elishia Hayes, in the Humboldt County Administrative Office at (707) 445-7266.

APPLICATIONS FOR FUNDING MUST BE FILED WITH THE COUNTY ADMINISTRATIVE OFFICE BY 5:00 P.M. ON February 23, 2018. POSTMARKS ARE NOT ACCEPTABLE FOR MEETING THIS DEADLINE.

Jonathan Flyer

Committee Chair

Glenn Ziemer

Committee Vice Chair



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

Agency Name:

Mailing Address:

Contact Person:

Title:

Telephone:

E-mail address:

1. AMOUNT OF MEASURE Z FUNDING REQUESTED FOR FY 2018-19: \$

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.

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?

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?

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

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.

8. Are there recurring expenses associated to this application, such as personnel costs? Please check yes or no and if so, please detail those expenses. Yes 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: _____

SIGNATURE: _____

SUBMIT THIS APPLICATION TO:

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

ATTACHMENT
Budget
Agency Name

Invoice Date: _____

Invoice # MZ- _____

Invoice Period: _____

Descriptions	Amounts	Approved Budget	Remaining Balance
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
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

ATTACHMENT
Budget
Agency Name

Invoice Date: _____

Invoice # MZ- _____

Invoice Period: _____

Descriptions	Amounts	Approved Budget	Remaining Balance
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:			
Total Other Costs:		0	0
Invoice Total:		0.00	