

ATTACHMENT 1
QUARTERLY AND FINAL SUMMARY REPORT

COUNTY OF HUMBOLDT – MEASURE Z
Report Form



Organization Name: City of Trinidad Report Date: 1-25-18

Contact Name: Daniel Berman, City Manager Phone: 707-677-3876

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 City has been holding off on using Measure Z funds until the Sheriff's Office can provide a half time deputy for Trinidad. We are pleased to report this deputy is now under contract and started work in Mid-January, so we will now start utilizing the Measure Z funding.

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.*

See answer above – the Measure Z funding is allowing us to increase our Trinidad Deputy coverage by 50% - from four days a week to six days a week. We will report on outcomes in the next report now that the new service is underway.

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

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

City of Trinidad
City Manager Daniel Berman
P.O. Box 390, Trinidad, CA 95570
707-498-4937

Invoice Date: 1/25/2018

Invoice # MZ-
 Invoice Period: July 1 2018-Dec 31 2018

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)	\$0.00	\$0.00
Operational Costs (Rent, Utilities, Phones, etc.)	\$0.00	\$0.00
Consumables/Supplies (Supplies and Consumables should be separate)	\$0.00	\$0.00
Transportation/Travel (Local and out of county should be separate)	\$0.00	\$0.00
Other (Indirect Costs, Contracts, etc.)	\$0.00	\$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 and date: *Daniel Berman* 1.25.18

Print Name and Title: Daniel Berman, City Manager

Send invoice to:

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



_____ Date

_____ Date

(707) 445-7266