



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.)

RECEIVED

FEB 21 2018

APPLICATION FOR FUNDING

Agency Name: ^{CAO} Community Help in Living Locally (CHILL)
Mailing Address: Box 493 Redway 95560
Contact Person: Paul Encimer Title: Manager
Telephone: 683 5772 E-mail address: encimer@hotmail

1. AMOUNT OF MEASURE Z FUNDING REQUESTED FOR FY 2018-19: \$ 12,000
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 Epling Respite Center - a day center for the provision of Human Resources, Services, Healing and the Arts to aid at risk, vulnerable people

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?

We are using private indebtedness to carry forth this project but need stabilizing as we gather community support

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?

Private Donations

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

We are already familiar to granters, having asked for Measure Z in the past & also Humboldt Area Foundation

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.

We are the prime agency (CHILL) and will assume Non profit status soon to help other

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)

We work with population that no one serves

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 \$12,000 for 12 months. CHILL will raise the additional expense per month from donations

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: Feb 21 2018

SIGNATURE: Paul Zuccone

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: Feb 21, 2018

CHILL
Box 493, Redway CA
95560

Invoice # MZ- _____

Invoice Period: _____

Descriptions	Amounts	Approved Budget	Remaining Balance
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A. Personnel Costs

Title: office worker, staff Salary and Benefits Calculation: <u>Volunteered</u> Duties Description: <u>clerical, stocking, distribution</u>	NA		0.00
Title: Salary and Benefits Calculation: <u>Same as above</u> Duties Description:	NA		0
Title: Salary and Benefits Calculation: <u>Same as above</u> Duties Description:	NA		0
Title: Salary and Benefits Calculation: <u>Same as above</u> Duties Description: <u>(10 volunteer office workers, staffing)</u>	NA		0

Total Personnel: 0.00

0.00 Volunteered

B. Operational Costs (Rent, Utilities, Phones, etc.)

Title: <u>Rent</u> Description: <u>\$800 per month, 12 months</u>	9600 ⁰⁰		
Title: <u>Utilities</u> Description: <u>PG & E electricity</u>	1200 ⁰⁰		
Title: <u>Utilities</u> Description: <u>Redway Water District Sewer & Water</u>	1200		
Title: <u>Phones</u> Description: <u>Donated</u>			

Total Operating Costs: 0

0 12,000⁰⁰

C. Consumables/Supplies (Supplies and Consumables should be separate)

Title: <u>All in this category</u> Description: <u>Donated</u>	NA		
Title: Description: <u>Same</u>	NA		
Title: Description: <u>Same</u>	NA		
Title: Description: <u>Same</u>	NA		

Total Consumable/Supplies: 0

0 Donated

ATTACHMENT
Budget
Agency Name

Invoice Date: Feb 21, 2018

CHILL
Box 493, Redway CA
95560

Invoice # MZ- _____

Invoice Period: _____

Descriptions

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

Descriptions	Amounts	Approved Budget	Remaining Balance
Title: Description: <u>Donated</u>	<u>NA</u>		
Title: Description: <u>Donated</u>	<u>NA</u>		
Title: Description: <u>Donated</u>	<u>NA</u>		

Total Transportation/Travel Costs: 0

Donated

E. Fixed Assets

Title: Description: <u>Donated.</u>	<u>NA</u>		
Title: Description: <u>Donated</u>	<u>NA</u>		

Total Other Costs: 0

Donated

Invoice Total: 0.00

\$12,000