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SCOTT BINDER, 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, is a half-cent sales tax, passed by the voters of Humboldt County during 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, (707) 445-7266.

Applications for funding must be filed with the county administrative office BY 5:00 P.M. ON FEBRUARY 17, 2020. Postmarks are not acceptable for meeting this deadline.

Glenn Ziemer
Committee Chair

Lora Canzoneri
Committee Vice Chair



CITIZENS' ADVISORY COMMITTEE ON *MEASURE Z* EXPENDITURES

The Advisory Committee meets on each Wednesday in March to review applications and will make recommendations to the Humboldt County Board of Supervisors in April.

APPLICATION FOR FUNDING

Agency Name: _____

Mailing Address: _____

Contact Person: _____ Title: _____

Telephone: _____ E-mail address: _____

1. AMOUNT OF MEASURE Z FUNDING REQUESTED FOR FY 2020-2021: \$ _____

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, Describe: _____

3. Describe how the scope of your proposal fits the intent of *Measure Z*. Specifically, how will it maintain and improve public safety and essential services, as described on the previous page?

4. Please provide a brief description of the proposal for which you are seeking funding.



6. How have you developed a plan for sustainability, including diversification of funding sources, for your proposal to carry on without reliance on future *Measure Z* funds?

7. 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?

8. If you are awarded *Measure Z* funds, how do you plan to leverage these funds to secure additional grants, contributions or community support?

9. Will this proposal require new or expanded activity on the part of another entity to be fully functional and effective? If so, name that entity and describe what that participation would look like.

10. Are there recurring expenses associated with this application, such as personnel cost? Please check yes or no: Yes No

If you checked yes, detail those expenses here:



REQUIRED ATTACHMENTS — Be sure to 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 improves 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: Please utilize the template provided on the following pages. This will need to be updated if your agency is approved for funding.

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 YOUR COMPLETE APPLICATION TO:

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

Proposed Budget

Agency Name: _____

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

Proposed Budget

Agency Name: _____

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	