

GLENN ZIEMER, Chair – First District
ERNIE BRANSCOMB, Second District
GINGER CAMPBELL, Third District
NICHOLAS KOHL, Fourth District
SCOTT BINDER, Fifth District



LORA CANZONERI, At-Large
RICH AMES, At-Large
SEAN ROBERTSON, Fire Chiefs Assoc.
WILLIAM HONSAL, Sheriff's Office
JUSTIN ROBBINS, Vice-Chair - Alternate
EDDIE MORGAN, Alternate

CITIZENS' ADVISORY COMMITTEE ON MEASURE Z EXPENDITURES APPLICATION FOR FUNDING

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.

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

Applications for funding must be filed with the County Administrative Office BY 5:00 P.M. ON FEBRUARY 15, 2021. Postmarks are not acceptable for meeting this deadline.

Agency Name:

Contact Person/Title:

Mailing Address:

Phone Number:

City:

Zip code

Email address:

1. Amount of Measure Z Funding Requested for FY 2021-22: \$

2. Entity Type:

- Humboldt County Department
- Contract Service Provider to Humboldt County
- Local Government Entity
- Private Service Provider
- Non-Profit Service Provider
- Other (Describe Below)

Other:

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? (750 character limit)

4. Please provide a brief description of the proposal for which you are seeking funding. (1500 character limit)

5. 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? (750 character limit)

6. 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? (500 character limit)

7. If you are awarded Measure Z funds, how do you plan to leverage these funds to secure additional grants, contributions or community support? (500 character limit)

8. Will the proposal require new or expanded activity on the part of another entity to be fully functional and effective? If so, name the entity and describe what participation would look like. (750 character limit)

9. Are there recurring expenses associated with this application, such as personnel costs?

No Yes

If Yes, detail those expenses here: (500 character limit)

REQUIRED ATTACHMENTS - Be sure to include the following with your application

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 * cao@co.humboldt.ca.us

ATTACHMENT II - EXHIBIT E
 Budget
 Agency Name: Sober First, LLC d/b/a Ascent

Invoice Date: 2/15/2021

Invoice # MZ- _____

Invoice Period: 2021-2022 Budget

Descriptions	Amounts	Approved Budget	Remaining Balance
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A. Personnel Costs

Title: Salary and Benefits Calculation: Duties Description: Stipend for volunteers 4 @ \$65/week			0.00
Title: Salary and Benefits Calculation: Duties Description:			0
Title: Salary and Benefits Calculation: Duties Description:			0
Title: Salary and Benefits Calculation: Duties Description:			0

Total Personnel:	0.00	0.00	0.00
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B. Operational Costs (Rent, Utilities, Phones, etc.)

Title: Peer Coaching Licenses Description: 400 user licenses x \$200 per license	\$80,000.00		
Title: Description:			
Title: Description:			
Title: Description:			

Total Operating Costs:	\$80,000.00	0	0
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C. Consumables/Supplies (Supplies and Consumables should be separate)

Title: Description:			
Title: Description:			
Title: Description:			

ATTACHMENT II - EXHIBIT E
Budget
Agency Name: Sober First, LLC

Invoice Date: 2/15/2021

Invoice # MZ- _____

Invoice Period: 2021-2022 Budget

Descriptions	Amounts	Approved Budget	Remaining Balance
Description:			
Title:			
Description:			
Total Consumable/Supplies:		0	0 0
D. Transportation/Travel (Local and Out-of-County should be separate)			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Total Transportation/Travel Costs:		0	0 0
E. Fixed Assets			
Title:			
Description:			
Title:			
Description:			
Total Other Costs:		0	0 0
Invoice Total:		\$80,000	