

**Print**

## Measure Z Application for Funding 2025 - Submission #38258

Date Submitted: 2/14/2025

### MEASURE Z APPLICATION SUBMISSION

**Agency Name\***

K'IMA:W MEDICAL CENTER

**Mailing Address\***

PO BOX 1288

**City\***

HOOPA

**Zip\***

95546

**Contact Person\***

MANUEL MATTZ

**Title\***

INTERIM CHIEF FINANCIAL OFFICER

**Phone Number\***

530-625-4261

**Email\***

MANUEL.MATTZ@KIMAW.ORG

**Project Title\***

EMERGENCY AMBULATORY SERVICES FOR EASTERN HUMBOLDT COUNTY

**Funding Available**

The estimated amount of Measure Z funding available for FY 2025-26 is \$1.3 million.

**1. Amount of Measure Z Funding Requested For FY 25-26\***

872,850.00

**Agency Priority**

1 - Top Priority



Agencies are encourage to submit one project per application. If your agency is submitting more than one application, please rank this application in terms of your agency's priority here.

## SUMMARY OF EXPENSES

Item	\$ Amount	% of Total
<b>Salaries (wages)</b>	<b>Salaries Amount*</b>	<b>Salaries %*</b>
	928,100.00	100%
<b>Benefits</b>	<b>Benefits Amount*</b>	<b>Benefits %*</b>
	231,500.00	100
<b>Overhead and Occupancy</b> (Administrative, Rent, Utilities, Phones, etc.)	<b>Overhead/Occupancy Amount*</b>	<b>Overhead/Occupancy %*</b>
	205,800.00	100%
<b>Equipment/Supplies/Services</b>	<b>Equip./Services/Supplies Amount*</b>	<b>Equipment/Services/Supplies %*</b>
	477,050.00	100
<b>Transportation/Travel</b>	<b>Transportation/Travel Amount*</b>	<b>Transportation/Travel %*</b>
	800.00	100
<b>Fixed Assets</b>	<b>Fixed Assets Amount*</b>	<b>Fixed Assets %*</b>
	0.00	0.00
<b>TOTAL</b>	<b>Total Amount of Application*</b>	<b>TOTAL 100%</b>
	872,850.00	

**ENTITY TYPE\***☐

Humboldt County Department

☐

Contract Service Provider to Humboldt County

☐

Local Government Entity

☐

Private Service Provider

☐

Non-Profit Service Provider

☒

Other (please describe)

**ENTITY TYPE**

HOOPA VALLEY TRIBE AND FQHC LOOK-ALIKE MEDICAL FACILITY

If you selected other, please briefly describe the entity you represent.

**Is this application a renewal or related to a project that has been funded by Measure Z in the past? \***

Yes ▼

If you checked "yes" please include the following:

1. a report detailing results from the most recent year the project was funded, and:
2. a completed Staffing Report detailing when the funded positions were filled during the most recent year you received funding for this project.

These documents must be uploaded in the "Required Attachments" section of this application.

**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?\***

Humboldt County voters approved Measure Z to maintain and enhance essential services in Humboldt County. Although the populations in Willow Creek, Weitchpec, Pecwan, Johnson's, Orleans, and Hoopa are smaller, they still contribute to the county's economy through shopping along the Coast and paying taxes on properties, including those within the external boundaries of the Hoopa Valley Indian Reservation. Consequently, residents of Eastern Humboldt should significantly benefit from this funding by receiving professional emergency care from the K'ima:w Medical Center ambulance. The funding will have a direct impact on service delivery. The nearest ambulance base is in Arcata, CA, which is over an hour away from the closest residence in Willow Creek. The survival of patients facing emergencies relies on the promptness and quality of care received when they call 911. Ambulances dispatched from Hoopa and Willow Creek can respond quickly and deliver high-quality, lifesaving care.

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

K'ima:w Medical Center is seeking funding to support the Hoopa Ambulance, which encompasses both the Hoopa and Willow Creek ambulance bases. This proposal is based on actual program expenditures from July 2023 to June 2024. Specifically, the funding will cover the salaries and benefits of seven full-time paramedics, one full-time EMT, four part-time EMTs, a billing/office administrative support person, and a full-time program Manager. Operational expenses include medications, oxygen, dispatch services, fees for maintaining accreditation, and ongoing staff training, as well as Arcata/Mad River coverage. Overhead expenses such as water, gas, electricity, and communications are also included in this proposal. Additionally, GEMT program fees are due quarterly and are accounted for in this proposal.

**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? Please provide detail of your plan for sustainability here.\***

Yes, we have a plan for sustainability and diversification of funding sources. Primarily, billing for services to the appropriate insurance company is crucial. Our ability to recruit and support the billing position within our company has resulted in increased revenue. We participate in the GEMT program, which boosts our revenue. Currently, we are negotiating with the State to lower the overhead fees associated with the GEMT program, as these fees may be excessive compared to similar organizations. Another potential revenue source will come from discussions with Trinity County. Although only a small number of calls come from just over the county line, this funding will help offset those expenses.

**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?\***

The ambulance service funding is primarily from billing the insurance of the patients that call for emergency care/transportation, and Measure Z. Without the funding from Measure Z, we would not be able to maintain the current staffing, housing, and personnel necessary to support emergency care for the vast service area in Eastern Humboldt County.

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

Last year, K'ima:w Medical Center was the recipient of a two-year SAMHSA award to provide training and replace equipment such as AED machines, in the community. This training plan will allow K'ima:w Medical Center to develop and train a cohort of individuals that are interested in becoming EMT's. In addition, this funding will be used to train the community with an emphasis on safe NARCAN use and distribution. We continue to rely upon grant funding to replace outdated equipment, enhance our training capabilities, and to build community support around the mission of the medical center.

**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. \***

No. This proposal will be used to support existing services. We do not have a plan for growth or expansion currently.

**Are there recurring expenses associated with this application, such as personnel cost? \***

Yes ▼

**If you checked yes, please detail those expenses here.**

All of the personnel identified within this proposal will be an on-going expense. Additionally, the operational expenses will be an ongoing expense as payments will need to be made monthly in order to maintain service. Medications will be replaced on an as needed basis throughout the service year. We do not anticipate any of the requested funding to be a one-time purchase.

Please note, the Citizens' Advisory Committee in May, 2023, adopted a stance that it would not recommend funding for new, ongoing county positions.

## 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)

### Upload Prior Year Results Attachment

Measure Z overall program document.docx

### Program Budget

[Download the budget narrative](#), then upload using the button at right.

### Upload Program Budget Attachment\*

Invoice\_20250213.pdf

### Staffing Report

If your request was previously funded, please [download and complete the staffing report](#), then upload it using the option provided here.

### Upload Staffing Report Attachment

Invoice\_20250213\_0001.pdf

### Letters of Support

If you have letters of support from members of the community you can upload them here.

### Upload Letters of Support

No file chosen

**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\***

2/14/2025

03:45 PM

**Signature\***

Ryan Zumalt

Type Approving Official's Name

## EXHIBIT F

## Exhibit F - Measure Z - Proposed Invoice

**Agency Name: K'IMA:W MEDICAL CENTER****Coordinator/Contact: RYAN ZUMALT, CEO****Address: PO BOX 1288, HOOPA CA 95546****Phone: (530) 625-4261**Invoice Date: ANNUAL BUDGET REQUEST

Invoice # MZ- \_\_\_\_\_

Invoice Period: ANNUAL

Description	Cost	Total Amount Due
<b>Personnel Costs (Wages and Benefits)</b>		\$0.00
Wages (separate from benefits)	\$928,100.00	
Benefits	\$231,500.00	
<b>Overhead and Occupancy Costs (Rent, Utilities, Phones, Administrative, etc.)</b>		\$0.00
Costs include water, garbage, medication replacement including O2, and other lifesaving medication.	\$205,800.00	
<b>Equipment and Supplies (Should be separate)</b>		\$0.00
Equipment No equipment requested.	\$0.00	
Supplies Basic repair costs and misc supplies required to maintain ambulance.	\$25,900.00	
Services/Other Specialized uniform replacement costs, GEMT program fees, Dispatch costs.	\$451,150.00	
<b>Transportation/Travel (Local and out of county should be separate)</b>		\$0.00
Local Travel (describe local travel and the connection to your project)	\$800.00	
Out of County Travel (describe out of county travel and the connection to your project)	\$0.00	
<b>Other (Fixed Assets, Contracts, etc.)</b>		\$0.00
	\$0.00	
LESS Projected Revenue	(\$970,400.00)	
		<b>\$872,850.00</b>

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: Ryan Zumalt Date: 2-13-25Print Name: Ryan Zumalt Title: CEO

Approved by County Administrative Office: \_\_\_\_\_ Date: \_\_\_\_\_

**Humboldt County Administrative Office**825 Fifth Street, Room 112  
Eureka Ca 95501[cao@co.humboldt.ca.us](mailto:cao@co.humboldt.ca.us)

(707) 445-7266



## Exhibit E - Proposed Budget

<b>Agency Name:</b>	<b>K'ima:w Medical Center</b>	<b>Address</b>	<b>535 Airport Road, Hoopa CA 95546</b>
<b>Coordinator/Contact:</b>	<b>Ryan Zumalt, CEO</b>	<b>Phone:</b>	<b>(530) 625-4261</b>

<b>Descriptions</b>	<b>Requested Budget</b>	<b>Current Quarter Costs</b>	<b>Total of Prior Quarter Costs</b>	<b>Remaining Balance</b>
<b>A. Personnel Costs</b>				
Title: Manager				
Salary (separate from benefits cost)	123,000.00			123,000.00
TERO tax @ 3%, FICA, SUI, Group Health Insurance, Benefits Pension/Retirement, and Worker's Compensation	34,000.00			34,000.00
1FTE; Responsible for all major programmatic operations, Duties Description: scheduling, reporting, documentation and oversight.				
Title: Biller				
Salary (separate from benefits cost)	43,100.00			43,100.00
TERO tax @ 3%, FICA, SUI, Group Health Insurance, Benefits Pension/Retirement, and Worker's Compensation	12,500.00			12,500.00
1FTE; Responsible for billing for emergency-related Duties Description: transportation.				
Title: Paramedic (7 Positions)				
Salary (separate from benefits cost)	590,000.00			590,000.00
TERO tax @ 3%, FICA, SUI, Group Health Insurance, Benefits Pension/Retirement, and Worker's Compensation	145,000.00			145,000.00
7 FTE and 2PTE; Licensed health care professionals with advanced education and training with the ability to supervise Duties Description: EMT level personnel.				
Title: Emergency Medical Technician (EMT)- 5 positions				
Salary (separate from benefits cost)	172,000.00			172,000.00
TERO tax @ 3%, FICA, SUI, Group Health Insurance, Benefits Pension/Retirement, and Worker's Compensation	40,000.00			40,000.00
1 FTE and 6 PTE; Certified Emergency Medical Technicians Duties Description: that provide advanced life support and patient care				
<b>Salaries Subtotal</b>	<b>928,100.00</b>	<b>0.00</b>	<b>0.00</b>	<b>928,100.00</b>

## Exhibit E - Proposed Budget

<b>Agency Name:</b>	<b>K'ima:w Medical Center</b>	<b>Address</b>	<b>535 Airport Road, Hoopa CA 95546</b>
<b>Coordinator/Contact:</b>	<b>Ryan Zumalt, CEO</b>	<b>Phone:</b>	<b>(530) 625-4261</b>

Descriptions	Requested Budget	Current Quarter Costs	Total of Prior Quarter Costs	Remaining Balance
<i>Benefits Subtotal</i>	231,500.00	0.00	0.00	231,500.00
<b>Total Personnel:</b>	<b>1,159,600.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1,159,600.00</b>

### B. Overhead and Occupancy Costs (Rent, Utilities, Phones, Administrative etc.)

Title: Rental and Leasing Costs				
Description: Facility Rent and GSA Lease costs	172,350.00			
Title: Water				
Description: Water delivery and water at housing facility	3,450.00			
Title: General Office Supplies				
Description: paper, pens, staples, etc.	1,200.00			
Title: Fuel and Repair Costs				
Description: general repairs and fuel for generator, for supply runs etc.	7,460.00			
Title: PG&E				
Description: electricity for facility housing EMT personnel	8,700.00			
Title: Propane				
Description: AmeriGas for facility housing EMT personnel	3,000.00			
Title: Garbage				
Description: Tom's Trash	540.00			
Title: Communications				
Description: Site telephone, Cell phones, and Internet	9,100.00			
<b>Total Overhead and Occupancy Costs:</b>	<b>205,800.00</b>	<b>0</b>	<b>0</b>	<b>205800</b>

### C. Equipment/Supplies/Services (Equipment, Supplies and Services should be separate)

Title: <b>Equipment</b>				
(Please be detailed regarding the equipment you plan to .				
Description: These expenses are generally over \$200, longer useful life)	0.00			
Title:				
Description:	0.00			
Title:				



## Exhibit E - Proposed Budget

<b>Agency Name:</b>	<b>K'ima:w Medical Center</b>	<b>Address</b>	<b>535 Airport Road, Hoopa CA 95546</b>
<b>Coordinator/Contact:</b>	<b>Ryan Zumalt, CEO</b>	<b>Phone:</b>	<b>(530) 625-4261</b>

Descriptions	Requested Budget	Current Quarter Costs	Total of Prior Quarter Costs	Remaining Balance
Description:	0.00			
Title:				
Description:	0.00			
<i>Equipment Subtotal:</i>	<i>0.00</i>	<i>0</i>	<i>0</i>	<i>0</i>
Title: <b>Supplies</b> (Please be detailed. These expenses are generally under \$200, Description: depleted or consumed within 1 year)	0.00			
Title: Oxygen Description: includes O2 and cylinder rental	5,000.00			
Title: Medication and Ambulance supplies Description: Life Assist, Med Tech, Ace Hardware	20,900.00			
Title:				
Description:				
<i>Supplies Subtotal:</i>	<i>25,900.00</i>	<i>0</i>	<i>0</i>	<i>25900</i>
Title: <b>Services/Other Operational Costs</b>				
Description: Dispatch	170,000.00			
Title: Standby Coverage Description: Arcata/Mad River Ambulance coverage of WC service area.	6,000.00			
Title: Uniform and related apparel Description: EMS pants, shirts, buckles	1,600.00			
Title: License renewal and other professional fees Description: GEMT costs	273,550.00			
<i>Services/Other Subtotal:</i>	<i>451,150.00</i>	<i>0</i>	<i>0</i>	<i>451150</i>
<b>Total</b>	<b>477,050.00</b>	<b>0</b>	<b>0</b>	<b>477050</b>

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

Title: Local Travel				
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## Exhibit E - Proposed Budget

<b>Agency Name:</b>	<b>K'ima:w Medical Center</b>	<b>Address</b>	<b>535 Airport Road, Hoopa CA 95546</b>
<b>Coordinator/Contact:</b>	<b>Ryan Zumalt, CEO</b>	<b>Phone:</b>	<b>(530) 625-4261</b>

<b>Descriptions</b>	<b>Requested Budget</b>	<b>Current Quarter Costs</b>	<b>Total of Prior Quarter Costs</b>	<b>Remaining Balance</b>
Description: mileage reimbursement	800.00			
Title: Out of County Travel				
Description: Describe out of county travel and connection to your project				
<b>Total Transportation/Travel Costs:</b>	<b>800.00</b>	<b>0</b>	<b>0</b>	<b>800</b>
<b>E. Fixed Assets (According to your agency's definition of a fixed asset)</b>				
Title: No fixed asset expenses requested				
Description:	0.00			
Title:				
Description:	0.00			
<b>Total Fixed Asset Costs:</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Totals</b>	<b>1,843,250.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1,843,250.00</b>
<b>Less Projected Revenue</b>	<b>(970,400.00)</b>			<b>(970,400.00)</b>
	<b>872,850.00</b>	<b>0.00</b>	<b>0.00</b>	<b>872,850.00</b>
	<b>Requested Budget</b>	<b>Current Quarter Costs</b>	<b>Prior Quarter Costs</b>	<b>Remaining Balance</b>

[illegible]