



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: Humboldt County Sheriff's Office / Major Crimes Division

Mailing Address: 826 4th St., Eureka, Ca. 95501

Contact Person: Sam Williams Title: Lieutenant

Telephone: 707-268-3630 E-mail address: sdwilliams@co.humboldt.ca.us

1. AMOUNT OF MEASURE Z FUNDING REQUESTED FOR FY 2022-2023: \$ 10,000.00

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. Is this application a renewal or related to a project that has been funded by *Measure Z* in the past?
(check one) Yes No

4. 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?

Major Crimes, to include homicide, are very important investigations to the community. They relate directly to the public's safety and security. At this point, California Department of Justice (DOJ) is severely under equipped, and has been for some time, to deal with DNA related analysis and as such it can take anywhere from six months to three years to obtain testing results. This timeframe is only expected to get worse. This proposal for BODE Hits will allow investigators of major crimes to process and obtain DNA related analysis and results much quicker. Having results back quicker can make the difference in solving crime, making an arrest, and giving safety and security back to a community.

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

This proposal is for the yearly membership and service agreement of BODE Hits DNA technology. BODE processes DNA samples with a 30-day turnaround time, and even faster for an additional fee. This can, at times, make a significant difference in solving crime and holding the right person accountable for it, and do so in a more timely fashion. Currently we send samples to the DOJ which are processed at no cost to our agency, but depending on backlog and circumstances of the case, it can sometimes take years to get the DNA samples processed.



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?

This service would not likely be secured without Measure Z funding.

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?

NA

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

Humboldt County voted to continue Measure Z funding in support of the great work our county wide safety and law enforcement staff provide to our community. Having a quicker turnaround time for DNA processing may lead to justice being served faster, which will in turn build confidence in the community for continued support of Measure Z funding.

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.

No

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

If you checked yes, detail those expenses here:

This is an annual contract of \$10,000.00



REQUIRED ATTACHMENTS

Include the following with your application, making sure to **limit your responses to one page, per section.** Responses longer than the maximum, may not be read by committee members or considered as part of 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. You may also download this as an excel using this link:
<https://humboldt.gov/DocumentCenter/View/102873/Measure-Z-Proposed-Budget-Template---FY-2022-23>

DATE: 2-16-22

SIGNATURE: _____

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

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

Exhibit E

PROPOSED BUDGET

Agency Name: Humboldt County Sheriff's Office
Coordinator/Contact: Sam Williams
Address: 826 4th Street, Eureka CA 95501
Phone: 707-268-3630

Descriptions	Costs	Requested Budget	Remaining Balance
A. Personnel Costs			
Title: Administrative Analyst II			
Salary and Benefits			0.00
Duties Description:			
Title:			
Salary and Benefits			0.00
Duties Description:			
Title:			
Salary and Benefits			0.00
Duties Description:			
Title:			
Salary and Benefits			0.00
Duties Description:			
Title:			
Salary and Benefits			0.00
Duties Description:			
Total Personnel:	0.00	0.00	0.00
B. Operational Costs (Rent, Utilities, Phones, etc.)			
Title: Professional Services		10,000.00	10,000.00
Description: BODE DNA Analysis			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Total Operating Costs:	0	10,000.00	10,000.00
C. Consumables/Supplies (Supplies and Consumables should be separate)			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Total Consumable/Supplies:	0	0.00	0.00
D. Transportation/Travel (Local and Out-of-County should be separate)			
Title:			
Description:			0.00
Title:			
Description:			0.00
Title:			
Description:			
Total Transportation/Travel Costs:	0	0.00	0.00
E. Fixed Assets			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Title:			
Description:			
Total Other Costs:	0	0.00	0.00
Budget Total:	0.00	10,000.00	10,000.00