

Print

Measure Z Application for Funding 2026 - Submission #45204

Date Submitted: 2/26/2026

MEASURE Z APPLICATION SUBMISSION

Agency Name*

Kimaw Medical Center

Mailing Address*

PO Box 1288

City*

Hoopa

Zip*

95546

Contact Person*

Ryan Zumalt

Title*

CEO

Phone Number*

530-625-4261

Email*

grants@kimaw.org

Project Title*

Measure Z

Funding Available

The estimated amount of Measure Z funding available for FY 2026-27 is \$1.65 million.

1. Amount of Measure Z Funding Requested For FY 26-27*

\$895,914.09

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 REQUESTED EXPENSES

Item	\$ Amount	% of Total
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Salaries (wages)		
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Salaries Amount*

\$634,054.64

Salaries %*

100

Benefits**Benefits Amount***

\$111,548.45

Benefits %*

100

Overhead and Occupancy(Administrative, Rent, Utilities,
Phones, etc.)**Overhead/Occupancy Amount***

\$77,040.00

Overhead/Occupancy %*

100

Equipment/Supplies/Services**Equip./Services/Supplies Amount***

\$63,271.00

Equipment/Services/Supplies %*

100

Transportation/Travel**Transportation/Travel Amount***

\$10,000.00

Transportation/Travel %*

100

Fixed Assets**Fixed Assets Amount***

0

Fixed Assets %*

0

TOTAL**Total Amount of Application***

\$895,914.09

TOTAL 100%**2. 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-Federally Qualified HealthCare Center

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

3. 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.

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

Measure Z is funded with the specific intent of funding 911 Emergency Response services, including rural ambulance and fire protection. Our application is to assist with the rural ambulance service for the Willow Creek community and surrounding areas.

The residents of Eastern Humboldt rely upon ambulatory services provided by K'ima:w Medical Center (an entity of the Hoopa Valley Tribe). K'ima:w Medical Center receives no other source of funding to operate its ambulance services and is using its own 3rd party revenue. The community consists of approximately 2,000 residents and 8,425 vehicles that pass through the segment of Hwy 299.

5. 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?*

Kimaw Medical Center is proposing that Measure Z fund the amount that it costs the Hoopa Valley Tribe to house and maintain the Willow Creek Ambulance base for ambulatory services, year-round. Without the funding the Tribe no longer has financial resources to support this lifesaving service to the residents/visitors in the Willow Creek area. Additionally, it will have an immediate impact on EMS services and significantly increase response time for an ambulance service to reach the residents and visitors in the Willow Creek area.

6. What geographic area(s) and population(s) will be served by this project? Please indicate whether services will be provided countywide or in specific communities.*

Measure Z funding will help assist residents, travelers and visitors who live, work and travel in the Willow Creek area; from the Salyer bridge at the Trinity County line to the Redwood Creek bridge towards Eureka, CA. All populations are served with ambulatory services.

7. 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.*

The Hoopa Valley Tribe will continue its efforts to seek funding sources for the Willow Creek ambulance base. Kimaw Medical Center currently commits to its own 3rd party revenue towards achieving financial viability for this life saving service. The leadership of the Tribe and the KMC CEO attend consultations and advocate for higher reimbursement rates for rural ambulances, which also includes regular Department of Health Care Services (DHCS) consultations.

Without the support of Measure Z funding the WC Ambulance base may not be able to remain open.

8. 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 application is to request for the continuation of funding for the current Willow Creek Ambulance base services. The current source of funding is \$325,000 each fiscal year from the current Measure Z funds which covers a portion of the costs and reimbursements of insurance claims for service with 3rd party revenue funds. The remaining costs to currently keep the ambulance service open are being covered by K'ima:w Medical Center.

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

KMC CEO will continue to negotiate with Trinty County to provide funding for a portion of the expenses incurred in Trinity County. This funding will offset a small portion of the overall budgeted amount. In addition, the Tribe will work with the neighboring Tribes (Yurok and Karuk) to negotiate an agreement to provide funding for its members who reside in the Willow Creek area.

Most importantly, the Leadership needs support from the Willow Creek community as this directly impacts access to continued ambulance services. It's critical the Willow Creek residents are provided with information regarding the need for additional funding and support to continue lifesaving ambulance services in their area.

10. 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.

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

Yes

If you checked yes, please detail those expenses here.

Application consists of recurring expenses associated with running a full-time, year-round ambulance base which includes personnel (wages and fringe), ambulance building rental costs, pharmaceuticals, medical and office supplies, utilities, dues and fees, training/travel, dispatch fees, repairs and maintenance (ambulance), ambulance fuel, out of town ambulance coverage (as needed basis)

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

12. If awarded less than the full amount requested, could the proposed project still be implemented? If yes, please identify the minimum funding amount required for the project to remain feasible and describe any changes to scope or outcomes.*

No, the project would be at risk of ending. At this time, the WC Ambulance base is under funded.

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

Prior Year 2024-2025 results 2 26 26.docx

Program Budget

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

Upload Program Budget Attachment*

Measure Z Proposed Budget 2 26 2026 final.xlsx

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

Measure Z Staffing Report 2 24 26.xlsx

Letters of Support

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

Upload Letters of Support

Kimaw WC Base Signage 1 28 26.pdf

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*

2/26/2026

04:30 PM

Signature*

Karen M Kyle KMC Grants Compliance Officer

Type Approving Official's Name

Measure Z Agenda Notifications

[Sign up on our website](#) to be notified when Measure Z agendas are posted. The applications are discussed in open session and it is often valuable for applicants to attend in person or virtually to address the committee.

Exhibit E - Proposed Budget

Agency Name:	Kimaw Medical Center	Address:	PO Box 1288 Hoopa CA 95546
Coordinator/Contact:	Ryan Zumalt, CEO	Phone:	530-625-4261

Descriptions	Requested Budget	Current Quarter Costs	Total of Prior Quarter Costs	Remaining Balance
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A. Personnel Costs

Title: EMS Director/Paramedic				
Salary 57.13	59,415.20			59,415.20
Benefits 29.89% TERO tax, health, retirement, SUI, FICA, WC	17,758.02			17,758.02
Duties Description: .5 FTE				
Title: Ambulance Biller				
Salary 27.00	28,082.00			28,082.00
Benefits 38.27% TERO tax, health, retirement, SUI, FICA, WC	10,747.39			10,747.39
Duties Description: .5 FTE Billing & Admin Duties				
Title: Paramedic and EMT (2.5 Paramedic; 2.5 EMT)				
Salary 23.63/19.42	546,557.44			546,557.44
Benefits 28%/37.78% TERO tax. Health, retirement, SUI, FICA, WC	83,043.04			83,043.04
Duties Description: 24 hour coverage				
Salaries Subtotal	634,054.64	0.00	0.00	634,054.64
Benefits Subtotal	111,548.45	0.00	0.00	111,548.45
Total Personnel:	745,603.09	0.00	0.00	745,603.09

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

Title: Rent , Comm., Waste removal, water, Propane, electricity				
Dispatch \$50,000, rent \$12,900, Comm \$4,000, Trash \$540	77,040.00			
water \$1,800, Propane \$2,400, Elec. \$5,400 dues fees/sub				
Description: \$3,000				
Total Overhead and Occupancy Costs:	77,040.00	0	0	77040

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

Title: Equipment				
(Please be detailed regarding the equipment you plan to .				
Description: These expenses are generally over \$200, longer useful life)	0.00			
Title:				
Description:				
Equipment Subtotal:	0.00	0	0	0
Title: Supplies				
Medical (pharmaceuticals) \$5,000, gases \$2,000, Non-				
Description: medical supplies, office and admin. Supplies, employee	19,650.00			
Title: Other medical supplies				
Description: Ambulance medical supplies	5,000.00			
Supplies Subtotal:	24,650.00	0	0	24650
Title: Services/Other Operational Costs				
Arcata/Mad River Ambulance coverage: \$4,500, Ambulance maintenance				
Description: & fuel \$32,000,	33,300.00			
Title: Maintenance Fee				
Description: Ambulance gurneys	5,321.00			
Services/Other Subtotal:	38,621.00	0	0	38621
Total Equipment/Supplies/Services:	63,271.00	0	0	63271

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

Title: Local Travel				
Description: Minimal local travel expenses when necessary	5,000.00			
Title: Training				
Description: Over the Bank Rescue, CPR, ACLS, PALS, etc	5,000.00			
Total Transportation/Travel Costs:	10,000.00	0	0	10000

E. Fixed Assets (According to your agency's definition of a fixed asset)

Title:				
Description:				
Title:				
Description:				
Total Fixed Asset Costs:	0	0	0	0

Totals	895,914.09	0.00	0.00	895,914.09
Requested Budget		Current Quarter Costs	Prior Quarter Costs	Remaining Balance

[illegible]

Prior Year (2024-2025) Results

The Willow Creek Ambulance is fully staffed with ALS coverage 24 hours per day, 365 days per year.

The ambulances are equipped with highly advanced ALS equipment, which includes 12-lead heart monitors, external pacing, auto blood pressure cuffs, and pulse oximeters, three new North Western Bronze Star ambulances. All three vehicles are non-GSA and were custom made to fit our rural area needs; ambulances can now hold two patients comfortably at a time, advanced intubation equipment, C-pap (advanced breathing equipment), and interosseous advanced IV equipment.

Crews are trained in low angle rope rescue, and the ambulance carries 800 feet of rope and hardware to descend/ascend with the patient, and equipment to extricate the patient when needed. We are also equipped with water rescue equipment and have swift water awareness. Paramedics maintain high skill levels and ongoing continuous education training consisting of 48 hours every 2 years. Some paramedics maintain licensure with the National Registry which consists of 72 hours of training every 2 years. This past year staff received ongoing training: Pre-Hospital /Trauma Life Support training, Neonate, ACLS, and PALS.

Willow Creek ambulance responded to 215 calls generated by the Willow Creek area of the calls; 34 calls were motor vehicle accidents (MVA) and of those 28 were transported. KMC Willow Creek ambulance service responded to 175 medical calls of those calls 39 were critical medical response calls, other injuries: 44 calls and of those calls 6 critical, 1 life-flighted patient, 1 over the bank rescue and 8 deaths. KMC ambulances continue to receive opioid-related calls and transport if needed.

The average transport time is 4 hours round trip depending on weather. When both the Willow Creek and Hoopa Ambulance are out of the response area due to transport to the hospital, K'ima:w Medical Center calls Arcata-Mad River Ambulance to provide ALS standby coverage. Additionally, during the past year weather and smoke from wildfires frequently challenged helicopter/life flights response, making ground transport essential for community needs in our rural response area.

K'ima:w Medical Center respectfully requests the additional \$125,000 that was removed in prior years to be reinstated back into the budget.

Thank you for your consideration and support for continued funding to serve the Eastern part of Humboldt County. We are very grateful for your support and continue to aim to serve the Humboldt Community to the best of our ability.

WILLOW CREEK
AMBULANCE
FUNDED BY MEASURE Z
63 WILLOW WAY

