



CITIZENS' ADVISORY COMMITTEE ON MEASURE Z EXPENDITURES

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

RECEIVED

APPLICATION FOR FUNDING FEB 23 2024

CAO

Agency Name: Sky High Training

Mailing Address: 2907 Q Street

Contact Person: Bob Antonacci Title: Owner

Telephone: 769-525-8298 E-mail address: fitapp@yahoo.com

The estimated amount of Measure Z funding available for FY 2024-2025 is \$4.1 million.

1. AMOUNT OF MEASURE Z FUNDING REQUESTED FOR FY 2024-2025: \$ 25,000

Summary of Expenses:

<u>Item</u>	<u>Amount</u>	<u>% of total</u>
Salaries (wages)		
Benefits	<u>15,000</u>	<u>60%</u>
Overhead and Occupancy (Administrative, Rent, Utilities, Phones, etc.)		
Equipment/Supplies/Services	<u>10,000</u>	<u>40%</u>
Transportation/Travel		
Fixed Assets		
		<u>100%</u>

2. ENTITY TYPE -- Please check appropriate box.

- Humboldt County Department
- Contract Service Provider to Humboldt County
- Local Government Entity
- Private Service Provider
- Non-Profit Service Provider
- Other, Describe: 501C Non Profit Corporation

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

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.

*See the Required Attachments section on Page 3 of this application for more details

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?

Sky High Training has developed a strategic alliance with the Institute of Combat (IOC) located at 820 N Street, Arcata, CA. 95521 as its fundraising entity. The IOC provides wrestling, mixed martial arts and conditioning programs for local youth. The IOC would like to expand its facility to include a boxing ring. One of the IOC Key Performance Indicators is its youth anti-violence and anti-bullying programs. The IOC would develop a referral program with schools in the surrounding communities concerning students who have violent tendencies and/or are subjects of bullying. These individuals will be enrolled in the IOC (paid for by funds from this grant). Boxing (wrestling and mixed martial arts also) specifically serves as an avenue to guide at-risk-youth in the proper direction by teaching them the importance of discipline, fitness, camaraderie, and authoritative mentors to look up to in the form of head trainers and training partners. **Thus, public safety will be improved by attenuating violence among our youth.**

Moreover, youth who have experienced violent behaviors against them will have an opportunity to improve their self esteem through our boxing (wrestling and MMA) program.

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

We would like to seek funding, \$10,000 to purchase a boxing ring and \$15,000 to sponsor at risk youth enrollment fees in the IOC.

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? Please provide detail of your plan for sustainability here.

Sky High Training will continue to raise funds for the IOC through a promotional campaign to identify corporate and individual sponsors. In addition, we will be applying for other grant programs.

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?

We will utilize this one time grant to purchase a boxing ring and add boxing classes (and club) at the IOC.

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

The initial funds from *Measure Z* will be used to sponsor at risk youth enrollments immediately. This will give us time to launch our corporate and individual sponsor programs.

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.

This proposal will allow the IOC to offer boxing classes (and club) for our at-risk youth members.

10. Are there recurring expenses associated with this application, such as personnel cost?
(check one) Yes No

If you checked yes, detail those expenses here. 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

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

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.*

Staffing Report: *Please utilize the template provided on the following pages to report on the months that funded positions were filled during the most recent year you received Measure Z 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 2/23/2024

SIGNATURE Robert Antonacci



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: Sky High Training	Address: 2907 Q Street, Eureka CA 95501
Coordinator/Contact: Bob Antonacci	Phone: 760-525-8298

Descriptions	Requested Budget	Current Quarter Costs	Total of Prior Quarter Costs	Remaining Balance
A. Personnel Costs				
Title: Boxing Coach				
Salary (separate from benefits cost)				0.00
Benefits				0.00
Duties Description: Boxing Coach at \$35/hour-5 days a week				
<hr/>				
Title:				
Salary (separate from benefits cost)				0.00
Benefits				0.00
Duties Description:				
<hr/>				
Title:				
Salary (separate from benefits cost)				0.00
Benefits				0.00
Duties Description:				
<i>Salaries Subtotal</i>	0.00	0.00	0.00	0.00
<i>Benefits Subtotal</i>	0.00	0.00	0.00	0.00
Total Personnel:	0.00	0.00	0.00	9,000.00
B. Overhead and Occupancy Costs (Rent, Utilities, Phones, Administrative etc.)				
Title: Rent Associated With Boxing Program				
Description: 25% of the facility= \$500/month rent				
Title:				
Description:				
Total Overhead and Occupancy Costs:	0.00	0	0	6000
C. Equipment/Supplies/Services (Equipment, Supplies and Services should be separate)				
Title: Equipment	10,000.00			
(Please be detailed regarding the equipment you plan to .				
Description: These expenses are generally over \$200, longer useful life)				
Title:				
Description:				
<i>Equipment Subtotal:</i>	<i>10,000.00</i>	<i>0</i>	<i>0</i>	<i>10,000</i>
Title: Supplies				
(Please be detailed. These expenses are generally under				
Description: \$200, depleted or consumed within 1 year)				
Title:				
Description:				
<i>Supplies Subtotal:</i>	<i>0.00</i>	<i>0</i>	<i>0</i>	<i>0</i>
Title: Services/Other Operational Costs				
(Please be detailed. These expenses are generally professional or				
Description: contracted services, or other expenses that are not equipment or				
Title:				
Description:				
<i>Services/Other Subtotal:</i>	<i>0.00</i>	<i>0</i>	<i>0</i>	<i>0</i>
Total Equipment/Supplies/Services:	10,000.00	0	0	10000
D. Transportation/Travel (Local and Out-of-County should be separate)				
Title: Local Travel				
Description: Describe local travel and connection to your project				
Title: Out of County Travel				
Description: Describe out of county travel and connection to your project				
Total Transportation/Travel Costs:	0.00	0	0	0
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	10,000.00	0.00	0.00	25,000.00
Requested Budget	Current Quarter Costs	Prior Quarter Costs	Remaining Balance	