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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 Request
 K'ima:w Medical Center/Willow Creek Base

Invoice Date: _____

Invoice # MZ- _____

Invoice Period: _____

Descriptions	Amounts	Approved Budget	Remaining Balance	
A. Personnel Costs				
Title: EMS DIRECTOR/PARAMEDIC Salary and Benefits Calculation: 1.1 FTE (1/2) of the total wage and fringe of 1 Manager	88,004			
Duties Description: Manage day to day operations and paramedic				
Title: PARAMEDIC -5 F/T Regular and EMT 3 F/T Regular, and on call staff Salary and Benefits Calculation: 8.18 FTE (1/2) the total wage and fringe of staff	460,369			
Duties Description: Emergency medical care, standby time				
Title: ADMINISTRATIVE ASSISTANT/BILLER Salary and Benefits Calculation: .5 FTE (1/2) the wage and fringe of Admin Asst/Biller	28,429			
Duties Description: Manages office/3rd party billing				
Title: Salary and Benefits Calculation:			0	
Duties Description:				
Total Personnel:		\$536,426	0.00	0.00
B. Operational Costs (Rent, Utilities, Phones, etc.)				
Title: VEHICLE LEASES Description: Monthly GSA Leases	\$43,000			
Title: LEASES Description: Monthly Eureka Oxygen Leases	\$1,250			
Title: RENT - FACILITY Description: Rent paid for base in Willow Creek	\$12,600			
Title: UTILITIES Description: Electricity, propane, water, waste removal	\$6,000			
Title: DUES & SUBSCRIPTIONS Description: DirecTV	\$1,600			
Title: COMMUNICATIONS AND DISPATCH Description: Amount paid to Hoopa Tribal Police for dispatch services/Telephones	\$40,000			
Title: LICENSES/PERMITS Description: Licenses/Permits	\$1,250			
Total Operating Costs:		\$98,301	0	0
C. Consumables/Supplies (Supplies and Consumables should be separate)				
Title: SUPPLIES - MEDICAL				

Attachment II - Exhibit E
Budget Request
K'ima:w Medical Center/Willow Creek Base

Invoice Date: _____

Invoice # MZ- _____

Invoice Period: _____

Descriptions	Amounts	Approved Budget	Remaining Balance
Description: Pharmaceuticals and other medical care materials and supplies Title: SUPPLIES - NON MEDICAL	\$2,000		
Description: Employee apparel, office and Administrative and cleaning supplies Title: OTHER CONTRACTED SERVICES	\$5,125		
Description: Arcata/Mad River Ambulance coverage Title: PURCHASED SERVICES	\$5,000		
Description: Mission Linen & Uniform Service Title: INSTRUMENTS AND MEDICAL EQUIPMENT	\$1,000		
Description: Medical instruments and other equipment as needed Title: AUTO EXPENSE	\$1,500		
Description: Fuel for Ambulances/Repairs and Maintenance	\$32,000		

Total Consumable/Supplies: \$43,361 0 0

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

Title: TRAINING			
Description: Training	\$4,000		
Title: TRAVEL			
Description: Travel expenses incurred	\$600		
Title:			
Description:			

Total Transportation/Travel Costs: \$4,278 0 0

E. Fixed Assets

Title:			
Description:			
Title:			
Description:			

Total Fixed Assets: 0 0 0

Invoice Total: \$682,365.91

Less 3rd Party Revenue (estimate) \$241,800.00

Total Request: \$440,565.91

Note: 7% reduction is already deducted for Trinity County Portion

ATTACHMENT II - EXHIBIT F

Measure Z - Invoice

K'ima:w Medical Center
Coordinator/Contact
Address
Phone

Invoice Date: _____

Invoice # MZ- _____

Invoice Period: _____

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)	\$536,425.66	
Operational Costs (Rent, Utilities, Phones, etc.)	\$98,301.00	
Consumables/Supplies (Supplies and Consumables should be separate)	\$43,361.25	
Transportation/Travel (Local and out of county should be separate)	\$4,278.00	
Other (Indirect Costs, Contracts, etc.)	\$0.00	
Less Revenue	#REF!	#REF!

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 and date: _____

Print Name and Title: _____

Send invoice to:

COUNTY OF HUMBOLDT
 County Administrative Office
 825 Fifth Street, Room 112
 Eureka Ca 95501



(707) 445-7266

_____ Date

_____ Date

Attachment: Prior Year Results (2020)

The ambulance (based in Willow Creek) is fully staffed with ALS coverage 24 hours per day, 365 days per year. In 2019, the Willow Creek Base was moved to a central location in Willow Creek increasing accessibility and faster response times to MVA's west of Willow Creek on State Highway 299.

The ambulances are equipped with the highly advanced ALS equipment, which includes 12-lead heart monitors, external pacing, auto blood pressure cuffs, and pulse oximeters, 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 foot of rope, hardware to descend/ascend with the patient, and equipment to extricate the patient when needed. We are also equipped with water rescue equipment. Paramedics maintain high skill levels and ongoing continuous education training consisting of 48 hours every 2 years. Field care audits are conducted every 2 months, and ongoing patient care auditing is performed internally.

Hoopa/Willow Creek Ambulances responded to 1,188 calls. Of the 1,188 calls, 391 of those calls generated from the Willow Creek, Burnt Ranch, and Salyer area. Of the 391 calls, 45 calls were Motor Vehicle Accidents (MVA) and of the 45 MVA's, 6 were over the bank rescues. Of the 45 MVA's 4 people were taken by helicopter and there were 3 Motor Vehicle Accident deaths.

The average transport time is 4 hours round trip. When both the Willow Creek and Hoopa Ambulances are out of the response area due to transports to the hospital, K'ima:w Medical Center calls Arcata-Mad River Ambulance to provide ALS standby coverage. Hoopa does their best to provide necessary coverage to meet the community's needs for our super rural response area.

We want to add that this year we have had additional challenges with the COVID19 pandemic. Our preliminary numbers for KMC 2020 Ambulance services include addressing 19 confirmed cases of COVID19, 11 of which were transported. There were 75 high-risk situations, which are defined as when a person has been out of the area and has upper respiratory issues.

Thank you very much for consideration of continued funding. We are very appreciative of the support and aim to serve the Humoldt Community to the best of our ability.