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JUSTIN ROBBINS, Vice-Chair - Alternate  
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## 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:

Humboldt Medi-Trans

Contact Person/Title:

Michael C. Speers

Mailing Address:

3120 Halfway Ave.

Phone Number:

(707) 839-3364

City:

McKinleyville

Zip code

95519

Email address:

mikespeers@gmail.com

1. Amount of Measure Z Funding Requested for FY 2021-22: \$ 50,000

### 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)**

Humboldt Medi-Trans maintains essential services to Humboldt County by providing non-emergency medical transportation within the county. Our primary focus is on Kidney Dialysis because it is a "Life Sustaining" treatment. Without treatment, death usually follows quickly. The Community Transportation Association of America states that "Transportation is THE critical link to healthcare". Numerous government studies over the last several decades have reached the same conclusion. Patients cannot be treated if they cannot get to their medical professional. For the elderly, disabled, or handicapped this is a particularly challenging problem. For those in more remote areas of Humboldt the problem is even more severe.

**4. Please provide a brief description of the proposal for which you are seeking funding. (1500 character limit)**

Humboldt Medi-Trans is seeking funding to cover a portion of its insurance, fuel and payroll expenses. We travel to outlying areas of the county; rising the costs of transportation beyond what the government estimates. With the onset of Covid 19, our cost have risen dramatically.

**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)**

Sustainability efforts for Humboldt Medi-Trans include ongoing search for funding sources. The main source of funding comes from the federal Medicaid program through California's Medi-Cal and Partnership Health Plan programs. Humboldt Medi-Trans has successfully received additional funding throughout the years from various other sources such as Cal Trans, Partnership Health plan grant, and Coast Central grant and others.

**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)**

Humboldt Medi-Trans is a public benefit corporation that has completed 23 years of service to Humboldt County by transporting the handicapped, disabled and poor throughout the county to their doctors' appointments. The main source of funding is through the state's Medi-Cal program and through Partnership Health Plan.

**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)**

Humboldt Medi-Trans already has funds coming in from Medi-Cal and Partnership to sustain our operation. Due to the more rural aspect of Humboldt County, those reimbursement rates are insufficient to meet our needs. Other grantors are more likely to grant additional funds if Humboldt Medi-Trans is able to get Measure Z funding.

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)

This proposal does not require any activity from another entity.

9. Are there recurring expenses associated with this application, such as personnel costs?

No  Yes

If Yes, detail those expenses here: (500 character limit)

All the expenses we are requesting funds for are recurring; the fuel, insurance, and payroll. The farther Humboldt Medi-Trans needs to travel to reach the patients, the higher the expenses. The needs of patients in the more rural parts of our county are great and more difficult to meet.

**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.

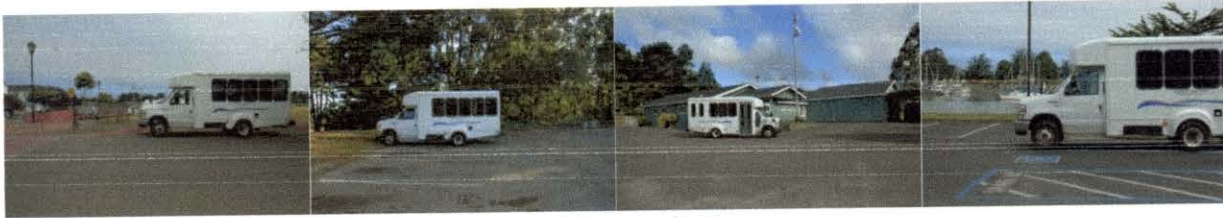
I declare under penalty of perjury under the laws of the State of California that the above statements and all attachments are true and correct.

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](mailto:cao@co.humboldt.ca.us)



## Humboldt Medi-Trans

Humboldt Medi-Trans transports Medi-Cal patients to and from their kidney dialysis treatments and other medical appointments. Humboldt Medi-Trans is a public benefit corporation that has completed 23 years of service to the handicapped, disabled and poor throughout Humboldt County to their various doctor's appointments at no cost to the patient. Humboldt Medi-Trans's purpose is to expand the access of health care to the underserved individuals and communities of Humboldt County by transporting disabled and handicapped patients to their doctors' appointments. We help patients become independent and not reliant on hospitals, ambulance services, or care homes. 70% of our transportation is for patients to their dialysis treatments in Eureka and McKinleyville. Our patients are located all over the county and are of varying ethnic groups from African Americans, Latinos, Pacific Islanders and many Native Americans. Our patients are anywhere from their 30's to their 80's, all are disabled and a few are homeless.

Medi-Cal determines the eligibility of the patients and determines if a patient needs to pay a share of cost, based on the income of the patient (which the state verifies). The state of California also sets the rate which transportation providers, such as Humboldt Medi-Trans, are reimbursed. Transportation providers are prohibited by the State of California from billing Medi-Cal recipients, or individuals on their behalf, for any amounts other than the Medi-Cal co-payment or share of cost which the Department of Healthcare Services determines.

We have chosen to focus on this area of need because this is a life sustaining treatment, thus making our service an essential service to the county. We are considered both a Direct Service and Civic Engagement organization. We enhance the physical and mental well-being of our county's residents and improve the health of those who have experienced both social and/or economic disadvantages. We create access for the underserved and marginalized populations of Humboldt County. Since our primary source of funding comes from the California Department of Health Care Services also known as Medi-Cal, and now Partnership Health plan of California, we have a lasting impact and a plan for sustainability after Measure Z grant funding is completed.

**Humboldt Medi-Trans Covid Response** - Covid 19 has impacted our activities considerably. Our funding sources have either closed and/or been delayed for months at a time in reimbursing our expenses. Personal Protective Equipment consumption has increased 14 times over the same period in 2019. Not only is our staff using PPEs, but patients, as well, now need our equipment. At the start of the pandemic the cost for gloves, face masks, and the like increased initially by 10 times. Now the costs have stabilized to about 4 times the cost compared to pre-pandemic levels.

Prior to Covid 19, Humboldt Medi-Trans worked to maximize the occupancy of our buses for each trip in order to keep our operating costs down. Humboldt Medi-Trans now separates patients with no Covid symptoms from patients that are potential Covid positive and patients that are confirmed as Covid positive.

Attachment II - Exhibit E  
Budget  
Humboldt Medi-Trans

Invoice Date: \_\_\_\_\_

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

Invoice Period: \_\_\_\_\_

Descriptions	Amounts	Approved Budget	Remaining Balance	
<b>A. Personnel Costs</b>				
Title: Patient Driver				
Salary and Benefits	35,000.00	\$124,800	89,800.00	
Calculation: Paid Hourly. No Benefits				
Duties Description:				
Title: Doctor/Patient Liason Officer				
Salary and Benefits	0.00	\$42,000	42000	
Calculation: Paid Hourly. No Benefits				
Duties Description:				
Title:			0	
Salary and Benefits				
Calculation:				
Duties Description:				
Title:			0	
Salary and Benefits				
Calculation:				
Duties Description:				
<b>Total Personnel:</b>		<b>35,000.00</b>	<b>166,800.00</b>	<b>131,800.00</b>
<b>B. Operational Costs (Rent, Utilities, Phones, etc.)</b>				
Title: Fuel				
Description: Fuel for buses for the year to transport patients	\$10,000	\$30,000	20000	
Title: Insurance				
Description: Annual insurance for buses and operating liability	\$5,000	\$24,000	19000	
Title: Vehicle Repairs and Maintenance				
Description: Repairs and maintenance for the fleet	\$0	\$10,000	10000	
Title: Utilities and other operational costs				
Description: Utilities and other operational costs	\$0	2000	2000	
Title:				
Description:				
<b>Total Operating Costs:</b>		<b>\$15,000</b>	<b>66000</b>	<b>51000</b>
<b>C. Consumables/Supplies (Supplies and Consumables should be separate)</b>				
Title: Office Supplies				
Description: Office Supplies	\$0	\$5,000	5000	
Title: Communication				
Description: Cell Phones and Office lines	\$0	\$6,500	6500	
Title:				
Description:				
Title:				

Attachment II - Exhibit E  
Budget  
Humboldt Medi-Trans

Invoice Date: \_\_\_\_\_

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

Invoice Period: \_\_\_\_\_

Descriptions	Amounts	Approved Budget	Remaining Balance
Description:			
<b>Total Consumable/Supplies:</b>	<b>\$0</b>	<b>11500</b>	<b>11500</b>
<b>D. Transportation/Travel (Local and Out-of-County should be separate)</b>			
Title:			
Description:		\$0	0
Title:			
Description:			
Title:			
Description:			
<b>Total Transportation/Travel Costs:</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>E. Fixed Assets</b>			
Title:			
Description:		\$0	0
Title:			
Description:			
<b>Total Other Costs:</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Invoice Total:</b>	<b>50,000.00</b>		

**ATTACHMENT II - EXHIBIT F**

Measure Z - Invoice

**Humboldt Medi-Trans**  
**Michael Speers**  
**3120 Halway Ave., McKinleyville, CA**  
**(707) 839-3364**

Invoice Date: \_\_\_\_\_

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

Invoice Period: \_\_\_\_\_

Description	Cost	Total Amount Due
Personnel Costs (Wages and Benefits)	\$35,000.00	
Operational Costs (Rent, Utilities, Phones, etc.)	\$15,000.00	
Consumables/Supplies (Supplies and Consumables should be separate)	\$0.00	
Transportation/Travel (Local and out of county should be separate)	\$0.00	
Other (Indirect Costs, Contracts, etc.)	\$0.00	
		<b>\$50,000.00</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 and date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Send invoice to:

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



\_\_\_\_\_ Date

\_\_\_\_\_ Date

(707) 445-7266



## Notes on using the invoice template

- We prefer this form over others but other invoice formats may be used as long as all requested information is provided
- 1 provided
  - 2 Be sure to sign the invoice. Electronic submissions still need signatures.
  - 3 Invoices may be submitted electronically to [cao@co.humboldt.ca.us](mailto:cao@co.humboldt.ca.us)
  - 4 All invoice categories and items should match the approved project budget
  - 5 Do not submit receipts, bills or other documentation with invoices, but do keep those for your records
  - 6 Invoices can be submitted at any time but should not be submitted more frequently than monthly

The invoice worksheet has been created to assist in the completion of the invoice. The worksheet will self populate the invoice except on highlighted cells. The worksheet is a tool to use to insure that all expenditures are accurately represented.