

## First District MAC Budget Expenditure Request Form

The Springs MAC has a budget of **\$15,000** for Fiscal Year 22/23. This includes all ongoing expenses and any additional special projects or costs as identified by the MAC. Expenditures for special projects are subject to the approval of the District Supervisor.

Please complete this form and provide to **Karina Garcia** for approval by the District Supervisor. Attach any supporting documentation (estimate, cost breakdown, etc).

|   |   |                                     |                          |
|---|---|-------------------------------------|--------------------------|
| <b>Project Title</b>  | Fire Emergency Preparedness Event   |                                     |                          |
| <b>Description</b>  | Event previously approved by council. Take place at 22 Boys Blvd. May 9. In partnership with DEM will invite emergency preparedness organizations to table and provide giveaways related to emergency prep. <b>Funds will be used to provide food and entertainment for attendees</b> |                                     |                          |
| <b>Amount Estimate</b>  | \$500   |                                     |                          |
| <b>MAC Advisory Topic Area</b><br><i>(please check applicable box or fill in for 'other')</i> | Transportation/Transit  | <input type="checkbox"/>            | <input type="checkbox"/> |
|   | Health and Human/Safety Net   | <input type="checkbox"/>            | <input type="checkbox"/> |
|   | Community Projects  | <input type="checkbox"/>            | <input type="checkbox"/> |
|   | Preparedness (Ad Hoc)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|   | Other (please specify) Springs MYN  |                                     |                          |
| <b>How will the community benefit from this project?</b>                                      | This event would inform and prepare community individuals to be prepared for fire season.   |                                     |                          |
| <b>Partnering Organization(s), if any</b>   | Sonoma Immigrant Services   |                                     |                          |

|   |  |             |  |
|---|--|-------------|--|
| <b>Chair Signature</b>  |  | <b>Date</b> |  |
| Return to Karina Garcia at <a href="mailto:karina.garcia@sonoma-county.org">karina.garcia@sonoma-county.org</a> . Call Karina at 565-1776 with questions. |  |             |  |