

**Monterey County Board of Supervisors
Referral Submittal Form**

Referral No. 2022.08
Assignment Date: 3/01/22
(Completed by CAO's Office)

SUBMITTAL - Completed by referring Board office and returned to CAO no later than noon on Thursday prior to Board meeting:

| | | |
|--|--------------------------------|--|
| Date: 2/2/22 | Submitted By: Supervisor Lopez | District #: 3 |
| Referral Title: Provide opportunity for expansion of commercial pace financing to additional financing companies. | | |
| Referral Purpose: Bring back to the BOS for an examination of the current list of Commercial PACE (CPACE) vendors allowed to do business in Monterey County, and to open up the opportunity to those who have expressed interest and others who may have the same interest, in offering services in Monterey County. | | |
| Brief Referral Description (attach additional sheet as required): PACE financing has evolved in California and as commercial properties seek new financing routes, we want to make sure we offer our businesses every financial opportunity that makes sense to them. After conversations with our Assessor and Auditor, I would request that we create a window for new CPACE finance companies who have a proven track record to be allowed to operate in Monterey County. | | |
| Classification - Implication | | Mode of Response |
| <input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input type="checkbox"/> Social Policy <input type="checkbox"/> Budget Policy <input checked="" type="checkbox"/> Other: <u>Tax Assessment Policy</u> | | <input checked="" type="checkbox"/> Memo <input type="checkbox"/> Board Report <input type="checkbox"/> Presentation Requested Response Timeline <input type="checkbox"/> x 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> Status reports until completed <input type="checkbox"/> Other: _____ <input type="checkbox"/> Specific Date: _____ |

ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s) Completed by CAO's Office:

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|---|---|-------------------------------|
| Department(s): <u>County Administrative Office</u> | Referral Lead: <u>Richard Vaughn</u> | Board Date: <u>3/01/22</u> |
|---|---|-------------------------------|

REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:

| | | |
|----------------|----------------|-------|
| Department(s): | Referral Lead: | Date: |
|----------------|----------------|-------|

ANALYSIS - Completed by Department and copied to Board Offices and CAO:

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|--|---|
| Department analysis of resources required/impact on existing department priorities to complete referral: | |
| Analysis Completed By: _____ | Department's Recommended Response Timeline |
| Date: _____ | <input type="checkbox"/> By requested date <input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other/Specific Date: _____ |

REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:

| | | |
|-------------------------|-----------------|--------------------------|
| Referral Response Date: | Board Item No.: | Referrals List Deletion: |
|-------------------------|-----------------|--------------------------|

Note: Please cc Karina Bokanovich, Rocio Quezada and Maegan Ruiz-Ignacio on all CAO correspondence relating to referrals.