## Attachment A

## Monterey County Board of Supervisors Referral Submittal Form

Referral No. 2021.25 Assignment Date: 11/16/21 (Completed by CAO's Office)

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

Thursday prior to board inceding.				
Date: 11/1/2021 Submitted By: Supervisor Wendy Root Askew			District #: 4	
Referral Title: East Garrison Street Renaming				
Referral Purpose: Identify the process and for	unding for th	e renaming of certain streets	in East Garrison and revise	
the naming approval process				
Brief Referral Description (attach additional				
are named for Confederate soldiers and/or o		——————————————————————————————————————	_	
Community members have expressed conce			• • • • • • • • • • • • • • • • • • •	
County undertake a renaming as appropriate				
appropriateness. Staff are requested to report			-	
naming streets, the estimated timeline to ma				
Policy. In addition, staff is requested to iden	ntify funds to	undertake any proposed ren	aming since the original	
names were approved by the County				
Classification I		Mode of Response		
Classification - Implication				
☐ Ministerial / Minor		☐ Memo ☐ Board Repo		
Land Use Policy		Requested Response Timeline		
Social Policy		$\square$ 2 weeks $\square$ 1 mont	th $\Box$ 6 weeks	
□ Budget Policy		☐ Status reports until completed		
☐ Other:		☐ Other: no later than April 30, 2022		
			☐ Specific Date:	
ASSIGNMENT – Provided by CAO at Bo Completed by CAO's Office: Department(s):	oard Meetin		and Department Head(s)  Board Date:	
Public Works, Facilities and Parks	Randy Ishii		November 16, 2021	
Table Works, Facilities and Farks	ranay isiii		110 (2021	
REASSIGNMENT – Provided by CAO. CAO's Office:	Copied to Bo	oard Offices and Departme	ent Head(s). Completed by	
Department(s):	Referral Lead:		Date:	
2 oparoment(s).	100101141 200		Bute.	
<b>ANALYSIS - Completed by Department</b>				
Department analysis of resources required/in	mpact on exis	sting department priorities to	complete referral:	
	1			
Analysis Completed By:		Department's Recommended Response Timeline		
		By requested date		
D 4			6 weeks $\Box$ 6 months	
Date:		1 year □ Other/Specific	c Date:	
REFERRAL RESPONSE/COMPLETIO	N - Provided	l by Department to Board (	Offices and CAO:	

Referrals List Deletion:

Board Item No.:

Referral Response Date:

relating to referrals.	respondence