Monterey County Board of Supervisors Referral Submittal Form

Referral No. 2022.10
Assignment Date: 3/01/22
(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:

Date: 2/2/22 Submitted By: Supervisor Lopez			District #: 3			
Referral Title: Request that the County Librarian bring forward, as part of our annual budget, a consideration or						
opportunity for the County to contribute to the new Library/Community Center in the City of Gonzales.						
Referral Purpose: The Monterey County Free Libraries has a long standing presence in the community of						
Gonzales. The City has begun the process, after a self taxed assessment initiative was successful, of designing						
and constructing a new community center t						
opportunities for community facilities. This						
opportunity during our annual budgeting process to invest in the facility that intends to house the County Library						
Branch for Gonzales in perpetuity.						
Brief Referral Description (attach additiona	l sheet as requ	uired):				
Classification - Implication		Mode of Response				
☐ Ministerial / Minor		☐ Memo Board Rep	ort <u>X</u> Presentation			
☐ Land Use Policy		Requested Re	sponse Timeline			
□ Social Policy						
X Budget Policy						
X Other: Tax Assessment Policy		X Status reports until completed				
Tax Assessment Foney		☐ Other: ☐	Specific Date:			
ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s)						
Completed by CAO's Office:			<u>, </u>			
Department(s): Libraries	s): Libraries Referral Lo		Board Date: 3/01/22			
REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by						
CAO's Office:						
Department(s):	Referral Lea	ad:	Date:			
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ANALYSIS - Completed by Department and copied to Board Offices and CAO:						
Department analysis of resources required/impact on existing department priorities to complete referral:						
Analysis Completed By:		Department's Recommen	nded Response Timeline			
		By requested date				
		•	☐ 6 weeks ☐ 6 months			
D :						
Date:						
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REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:

Referrals List Deletion:

Board Item No.:

Referral Response Date:

Note: Please cc Karina Bokanovich,	Rocio Ouezada and M	Iaegan Ruiz-Ignacio on a	all CAO correspondence
relating to referrals.	guezana sila li	······································	