## Monterey County Board of Supervisors Referral Submittal Form

Referral No. 2022.19 Assignment Date: 09/20/22 (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:

Thursday prior to Board meeting:				
Date: 09/08/22 Submitted By: Supervisor Lopez				District #: 3
Referral Title: Joining Chamber of Commerce in Our Community				
Referral Purpose: Determine the possibility of the County of Monterey joining the Salinas Valley, Monterey				
Peninsula, and King City Chambers of Con	nmerce.			
Brief Referral Description (attach additiona	l sheet as red	quired):		
Monterey County's Mission, Values, and Goals state that the County has a goal of assuring a sustainable and				
diversified economy and assuring financial stability of the County. Our local chamber of commerce group's goal				
is to build a strong local economy by promoting prosperity and well-being for all residents. By joining our local				
chambers of commerce as a member, we can work together and become a resource for residents, businesses, and				
government entities, as well as have an avenue to listen to local needs, concerns, and areas for improvement.				
Classification - Implication	Mode of Response			
☐ Ministerial / Minor		☐ Memo		oort
☐ Land Use Policy		Requested Response Timeline		
☐ Social Policy		$\square$ 2 weeks X 1 month $\square$ 6 weeks		
☐ Budget Policy		☐ Status reports until completed		
X Other: Economic Development		□ Other: □ Specific Date: □		
ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s) Completed by CAO's Office:				
Department(s):	Referral Le	ead: Richard	Vaughn	Board Date:
CAO- Economic Development		oud. Hilohard	, vangiiii	Board Bate.
REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by				
CAO's Office:				
Department(s):	Referral Lead:			Date:
County Administrative Office	Richard Va	aughn		09/20/22
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: De			Department's Recommended Response Timeline	
marysis completed by:	By requested date			
		2 weeks		6 weeks □ 6 months
Date:		1 year		c Date:
			1	
REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:				
Referral Response Date: Board Item No.			Referrals List Deletion:	

**Note**: Please cc Claudia Escalante, Karina Bokanovich, Rocio Quezada and Maegan Ruiz-Ignacio on <u>all CAO correspondence</u> relating to referrals.