

## 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 noon on 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 Commerce.		
Brief Referral Description (attach additional sheet as required): 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.		
<b>Classification - Implication</b>	<b>Mode of Response</b>	
<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: Economic Development	<input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input type="checkbox"/> Presentation	
	<b>Requested Response Timeline</b>	
	<input type="checkbox"/> 2 weeks <input checked="" 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:**

Department(s): CAO- Economic Development	Referral Lead: Richard Vaughn	Board Date:
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**REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:**

Department(s): County Administrative Office	Referral Lead: Richard Vaughn	Date: 09/20/22
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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: _____  Date: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Department's Recommended Response Timeline</th> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> By requested date           </td> </tr> <tr> <td> <input type="checkbox"/> 2 weeks    <input type="checkbox"/> 1 month    <input type="checkbox"/> 6 weeks    <input type="checkbox"/> 6 months           </td> <td> <input type="checkbox"/> 1 year    <input type="checkbox"/> Other/Specific Date: _____           </td> </tr> </table>	Department's Recommended Response Timeline		<input checked="" 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: _____
Department's Recommended Response Timeline							
<input checked="" 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:
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**Note:** Please cc Claudia Escalante, Karina Bokanovich, Rocio Quezada and Maegan Ruiz-Ignacio on all CAO correspondence relating to referrals.