

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

Referral No. 2023.04
Assignment Date: 02/14/23
(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: 2/7/2023 | Submitted By: Luis A. Alejo | District #: 1 |
| Referral Title: STORM RECOVERY RENT-SUBSIDY PROGRAM FOR FARMWORKERS | | |
| Referral Purpose: To reestablish a temporary rent-subsidy program to assist agricultural workers who were impacted by the storm & flood damage to 20,000 acres of farmland in Monterey County | | |
| Brief Referral Description: This referral aims to reestablish a temporary rent-subsidy program for agriculture workers impacted by the storm and flood damage to 20,000 acres of agricultural lands. Thousands of workers have been adversely impacted by the lack of work due to the storm damage and may continue to face delays in being recalled to work due to those farmlands sitting fallow for 30 to 60 additional days. | | |
| During a February 4 Storm Damage Ag Legislative Tour, Catholic Charities informed county leaders that rent-subsidy requests were among the most sought assistance at the Local Assistance Center and had over 2,000 families who requested this type of assistance. The County of Monterey previously set up a rent-subsidy program due to the COVID pandemic. This referrals requests to do the same for those families impacted by the storm/flood damage and who do not qualify for other types of federal or state assistance or unemployment insurance. | | |
| Classification - Implication | | Mode of Response |
| <input type="checkbox"/> Ministerial / Minor | <input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input checked="" type="checkbox"/> Presentation | Requested Response Timeline |
| <input type="checkbox"/> Land Use Policy | | |
| <input type="checkbox"/> Social Policy | <input checked="" type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 8 weeks | |
| <input checked="" type="checkbox"/> Budget Policy | <input type="checkbox"/> Status reports until completed | |
| <input checked="" type="checkbox"/> Other: <u>Storm Recovery</u> | <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>Social Services</u> | Referral Lead: <u>Lori Medina</u> | Board Date: <u>2/14/23</u> |
|---------------------------------------|-----------------------------------|----------------------------|

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

| | | |
|----------------|----------------|----------------|
| Department(s): | Referral Lead: | Original 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 Claudia Escalante and Karina Bokanovich on all CAO correspondence relating to referrals.