

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

**Referral No. 2022.22**  
**Assignment Date: 09/27/22**  
(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: 9/19/2022	Submitted By: SUPERVISOR LUIS ALEJO	District #: 1
Referral Title: <b>East Salinas District 1 Office</b>		
Referral Purpose: To search and open a District Office for District 1 in East Salinas 93905 to provide greater office access to constituents in this area of Salinas with the greatest need.		
Brief Referral Description (attach additional sheet as required ): This referral requests that county staff begin search for options to open a District Office for District 1 in East Salinas. All other county supervisor offices now have opened District Offices in their respective districts, while also having an office at the County Government Center at 168 West Alisal Street. The only office that does not have a district office is District 1 despite having the greatest growth of all 5 districts by 5.6% (91,780 residents total) in the revised district maps approved last year in the redistricting process. East Salinas (93905 zip code) has a population of 61,087, with 6,564 people per square mile, and the greatest need for government services. This referral is also in line with City of Salinas' Alisal Vibrancy Plan to provide more resources and investment in East Salinas, and will provide a permanent presence in that portion of District 1 to be more accessible to our constituents.		
<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 checked="" type="checkbox"/> Budget Policy <input checked="" type="checkbox"/> Other: <b><u>Board of Supervisors</u></b>		<input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input checked="" type="checkbox"/> Presentation
		<b>Requested Response Timeline</b>
		<input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input checked="" 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):	Referral Lead:	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): Public Works, Facilities, and Parks	Referral Lead: Lindsay Lerable	Date: 09/27/22
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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: _____	<b>Department's Recommended Response Timeline</b>
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:
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**Note:** Please cc Karina Bokanovich, Rocio Quezada and Maegan Ruiz-Ignacio on all CAO correspondence relating to referrals.