

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

Referral No. 2022.21
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: Clerk of the Board of Supervisors Budget Augmentation for Resolutions | | |
| Referral Purpose: To augment the budget for the Clerk of the Board of Supervisors to cover all expenses for framed Board Resolutions, and to enhance our certificates for Board Resolutions. | | |
| <p>Brief Referral Description (attach additional sheet as required): This referral requests that the budget of the Clerk of the Board of Supervisors be augmented by approximately \$4000 to cover all costs to print and frame resolutions by the Board of Supervisors. Framed resolutions are primarily requested by the Board Chair, members of the Board of Supervisors, or Department Directors, and cost approximately between \$3000-4000 per year. Currently costs are taken from the Clerk's limited supplies budget, which leaves the office with limited resources for other department needs throughout the year.</p> <p>Secondly, this referral request that the certificate for the Board Resolutions be enhanced with a colorful design modeled after other counties, and that more cost effective options be researched for board resolutions framing and matting.</p> | | |
| Classification - Implication | | Mode of Response |
| <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: <u>Clerk of the Board</u> | | <input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input checked="" type="checkbox"/> Presentation |
| | | Requested Response Timeline |
| | | <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:

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|---|---|-------------------------|
| Department(s): Clerk of the Board/County Administrative Office | Referral Lead: Valerie Ralph/Ezequiel Vega | Board Date: 09/27/22 |
|---|---|-------------------------|

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

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|----------------|----------------|-------|
| Department(s): | Referral Lead: | 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: _____ Date: _____ | Department's Recommended Response Timeline <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:

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|-------------------------|-----------------|--------------------------|
| Referral Response Date: | Board Item No.: | Referrals List Deletion: |
|-------------------------|-----------------|--------------------------|

Note: Please cc Karina Bokanovich, Rocio Quezada and Maegan Ruiz-Ignacio on all CAO correspondence relating to referrals.