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.		

Classification - Implication	**Mode of Response**
☐ Ministerial / Minor ☐ Land Use Policy ☐ Social Policy ☐ Budget Policy X Other: Economic Development	☐ Memo X Board Report ☐ Presentation **Requested Response Timeline** ☐ 2 weeks X 1 month ☐ 6 weeks ☐ Status reports until completed ☐ 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): CAO- Economic Development	Referral Lead: Richard Vaughn	Board Date:

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

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: _____	**Department's Recommended Response Timeline** ▪ By requested date ☐ 2 weeks ☐ 1 month ☐ 6 weeks ☐ 6 months ☐ 1 year ☐ 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, Karina Bokanovich, Rocio Quezada and Maegan Ruiz-Ignacio on all CAO correspondence relating to referrals.