

**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.		
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. 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.		
Classification - Implication		Mode of Response
☐ Ministerial / Minor ☐ Land Use Policy ☐ Social Policy ☒ Budget Policy ☒ Other: <u>Clerk of the Board</u>		☐ Memo ☒ Board Report ☒ Presentation
		Requested Response Timeline
		☐ 2 weeks ☒ 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): Clerk of the Board/County Administrative Office	Referral Lead: Valerie Ralph/Ezequiel Vega	Board Date: 09/27/22
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REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:

Department(s):	Referral Lead:	Date:
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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: _____	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:
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Note: Please cc Karina Bokanovich, Rocio Quezada and Maegan Ruiz-Ignacio on all CAO correspondence relating to referrals.