## Attachment A

## Monterey County Board of Supervisors Referral Submittal Form

Referral No. 2024.05
Assignment Date: 5/14/24
(Completed by CAO's Office)

## SUBMITTAL - Completed by referring Board office and returned to CAO no later than 10:00AM on Wednesday prior to Board meeting:

veunesday prior to Board meeting.				
	Date: May 3, 2024 Submitted By: Supervisor Glenn Church			District #: 2
Referral Title: Speed Hump Fee Waivers	for Low Incom	ne Neighborl	noods	
Referral Purpose:				
Request that the Board of Supervisors implement a policy that will waive the fees for speed hump installment in				
low-income neighborhoods to create safer roads.				
Brief Referral Description (attach additional sheet as required):				
As per the County of Monterey's Speed Hump brochure, a county encroachment permit must be obtained once				
60% of homeowners on the street are in favor of the speed hump, and the requesting party must bear all expenses				
linked to its installation. The cost of installing a speed hump range from \$12,000 to \$17,000, depending on				
location and the materials used. However, this cost analysis does not include engineering costs. The current				
policy is discriminatory to low-income and underserved neighborhoods that do not have the financial resources				
compared to affluent neighborhoods. This referral requests that the staff investigate methods to cover or subsidize				
the costs of installing speed humps in low-income neighborhoods to promote road safety.				
Classification - Implication			Mode of Response	
☐ Ministerial / Minor		☐ Memo		ort   Presentation
☐ Land Use Policy		Requested Response Timeline		
□ Social Policy		□ 2 weeks	□ 1 mont	$\Box$ 6 weeks
☐ Budget Policy		☐ Status reports until completed		
☐ Other:		☐ Other: ASAP ☐ Specific Date:		
<u> </u>				
ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s)				
Completed by CAO's Office:				
<u> </u>		ead: Randy Is	shii	Board Date: 5/14/24
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REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by				
CAO's Office:				
Department(s): Referral Lea		ead:		Date:
1 ( /				
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: Department's Recommended Response Timeline				
, i		□ By requested date		
	$\Box$ 2 weeks $\Box$ 1 month $\Box$ 6 weeks $\Box$ 6 months			
P				
		1 year		
REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:				
Referral Response Date: Board Item No.		V -1		
Referral Response Date:	Board Item No	o.:	Referrals List D	eletion:

Note: Please cc Claudia Escalante and Karina Bokanovich on all CAO correspondence relating to referrals.