

Monterey County Board of Supervisors Referral Submittal Form

Referral No.2023.18
Assignment Date: 8/22/23
(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:

Date: 07/25/23	Submitted By: Supervisor Mary Adams	District #: 5
Referral Title: Renter Census Data in Unincorporated County of Monterey		
Referral Purpose: Develop a method to collect data for identifying the number of renters and the number of evictions in the unincorporated areas of the County of Monterey.		
Brief Referral Description (attach additional sheet as required): Lack of affordable housing is a county-wide issue that both homeowners and renters experience. The County does not currently have a method for collecting data on the number of renters or evictions. This referral seeks to develop a method to collect and track data on renters in the unincorporated areas of the County of Monterey. Once there is data to review, the County can work towards solving problems related to affordable housing, specifically for renters.		
Classification - Implication	Mode of Response	
<input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input checked="" type="checkbox"/> Social Policy <input type="checkbox"/> Budget Policy <input type="checkbox"/> Other: _____	<input type="checkbox"/> Memo <input type="checkbox"/> Board Report <input checked="" type="checkbox"/> Presentation	
	Requested Response Timeline	
	<input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> Status reports until completed <input checked="" type="checkbox"/> Other: 2 months <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): Housing & Community Development / Sheriff's Office	Referral Lead: Craig Spencer / Sheriff Nieto	Board Date: 8/22/23
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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:	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: _____
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 Claudia Escalante and Karina Bokanovich on all CAO correspondence relating to referrals.