

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

Referral No. 2023.07
Assignment Date: 04/18/2023
(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: 3 April 2023	Submitted By: Supervisor Glenn Church	District #: 2
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Referral Title: Reallocation of Monterey County Funeral and Burial Assistance Program funds

Referral Purpose:

Initiate consideration of using the Monterey County Funeral and Burial Assistance Program funds (MCFBAP) (Project ID 1050-001-21) to assist low-income people affected by the March Flooding Events in the communities of Pajaro and San Ardo.

Brief Referral Description (attach additional sheet as required):

In July 2022, the Board of Supervisors approved the Standard Agreement between Monterey County and Ventures, a 501(c)(3) non-profit organization, for a total not to exceed the amount of \$350,000, with a maximum allowable administrative indirect costs of \$18,000, with a retroactive term from January 20, 2020 to December 31, 2022, to provide administrative work and pass-through payments for the Monterey County Funeral and Burial Assistance Program (MCFBAP) (Project ID 1050-001-21) which was intended to assist undocumented low-income families with funeral and burial expenses due to the Covid-19 pandemic, with Monterey County Office of Emergency Services (OES) overseeing funeral assistance payment approvals retroactive to January 20, 2020 through December 31, 2022. [Language from the original Board Report, July 12, 2022]

This referral asks for an accounting of remaining funds and their reallocation to meeting the needs of low-income people in the communities of Pajaro and San Ardo.

Classification - Implication	Mode of Response
<input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input checked="" type="checkbox"/> Social Policy <input checked="" type="checkbox"/> Budget Policy <input type="checkbox"/> Other: _____	<input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input 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: Immediately <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): Social Services/CAO	Referral Lead: Lori Medina/Ezequiel Vega	Board Date: 04/18/2023
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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.