

Monterey County Board of Supervisors Referral Submittal Form

Referral No. 2022.17
Assignment Date: 08/23/22
(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: 07/25/22	Submitted By: SUPERVISOR CHRIS LOPEZ	District #: 3
Referral Title: Elections Fee Schedule – Recounts		
Referral Purpose: Bring forward recommendations to possibly include creating a fee schedule for candidates to request and plan for recounts when needed.		
Brief Referral Description (attach additional sheet as required): In order to have a transparent electoral process, it is necessary to have a clear methodology and cost for recount requests and processes. Currently, Monterey County does not have guidelines or costs per day that are easily accessible to the public. Sutter, Shasta, Los Angeles and Nevada counties currently have guidelines and rates available on their election websites. The Governor of the State of California may order a has state-funded recount when candidate or measure votes are separated by less or equal to the lesser of 1,000 votes of the number of all votes cast for that office. Having a clear cost, guidelines and indicating possible outcomes that may be reasonable for county-funded recounts for the election process will help Monterey County continue to be a dependable and reliable office for residents, elected officials, and candidates alike.		
Classification - Implication	Mode of Response	
<input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input type="checkbox"/> Social Policy <input checked="" type="checkbox"/> Budget Policy	<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 checked="" type="checkbox"/> 6 weeks <input type="checkbox"/> Status reports until completed <input type="checkbox"/> Other: _____ <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): Elections Department	Referral Lead: Gina Martinez	Board Date: 08/23/22
-------------------------------------	------------------------------	----------------------

REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:

Department(s):	Referral Lead:	Date:
----------------	----------------	-------

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:
-------------------------	-----------------	--------------------------

Note: Please cc Claudia Escalante, Karina Bokanovich, Rocio Quezada, and Maegan Ruiz-Ignacio on all CAO correspondence relating to referrals.