### Monterey County Board of Supervisors Referral Submittal Form

Referral No. 2023.08

Assignment Date: 04/18/2023

(Completed by CAO's Office)

# SUBMITTAL - Completed by referring Board office and returned to CAO no later than <u>noon</u> on Thursday prior to Board meeting:

| i nursday prior to Board meeting:   |  |  |
|---|--|--|
| Date: 2/6/2021 Submitted By: LUIS ALEJO   | District #: 1  |  |
| Referral Title: Monterey County COVID Funeral & B   | urial Assistance Program                                 |  |
| Referral Purpose: To continue the existing COVID Fune   | ral and Burial Assistance Program for low-income         |  |
| undocumented families, who do not quality for the FEM.  | A program, with \$100,000. Remainder of allocated        |  |
| funding to supplement the pending Rental Assistance Pro-  | ogram before the Board of Supervisors.                   |  |
| Brief Referral Description (attach additional sheet as requ   |  |  |
| and I submitted a referral to create a COVID Funeral and  | 0  |  |
| immigrants who did not qualify for the FEMA program.  | • • • • • •  |  |
| · • · ·   | unty has now lost over 829 residents to COVID since the  |  |
| start of the pandemic.  |  |  |
|   |  |  |
| This referral seeks to extend the Funeral & Burial Assista  |  |  |
| all bilingual outreach efforts to promote the program and   |  |  |
| existence and eligibility requirements. This referral also  |  |  |
| be kept in this program for an extension. The remainder i   |  |  |
| Assistance Program for storm and flood victims that we  | will consider giving a final approval on April 18, 2025. |  |
| The COVID virus continues to impact the health and live   | es of our residents, and there is a continued need to    |  |
| The COVID virus continues to impact the health and lives of our residents, and there is a continued need to maintain this program for our residents who will not quality for the FEMA program. A new referral was |  |  |
| submitted this week that attempts to raid and redivert the funding completely away from this program and these  |  |  |
| impacted families, despite continued deaths of our residents in 2023 and that there may still be families who are   |  |  |
| eligible, but do not yet know about the program's existence. Families are still struggling to pay for funeral and   |  |  |
| burial expenses that run in the thousands of dollars. The average funeral and burial costs in California are  |  |  |
| between \$7290-12,000. With the downturn in the economy and recent flood/storm impacts, it has made it even   |  |  |
| more challenging for families to cover these expenses.  |  |  |
|   |  |  |
| <b>Classification - Implication</b>   | Mode of Response   |  |
| Ministerial / Minor   | $\Box$ Memo X Board Report X Presentation                |  |
| □ Land Use Policy   | Requested Response Timeline                              |  |
|   |  |  |

| •                            |   |  |
|------------------------------|---|--|
| □ Social Policy              | <b><u>X</u></b> 2 weeks $\Box$ 1 month $\Box$ 6 weeks |  |
| □ Budget Policy              | ☐ Status reports until completed                      |  |
| X Other: Disaster Assistance | □ 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): County Administrative<br>Office  | Referral Lead: Tracy Molfino and<br>Ezequiel Vega | Board Date: 04/18/2023 |  |  |
|---|---|------------------------|--|--|
| <b>REASSIGNMENT – Provided by CAO.</b> 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:   | Departme            | nt's Recommended Response Timeline                       |  |
|  | □ By requested date |  |  |
| Date:  |                     | □ 1 month □ 6 weeks □ 6 months<br>□ Other/Specific 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 and Karina Bokanovich on all CAO correspondence relating to referrals.