

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

**Referral No.: 2023.15
Assignment Date: 7/25/23**

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

Date: 7/13/2023	Submitted By: Luis Alejo	District #: 1
Referral Title: 2023 Homelessness Summit Support		
Referral Purpose: This referral requests that the County of Monterey be a fiscal partner for the 2023 Homelessness Summit that will take place in Salinas in October 2023 and to provide other needed technical support		
Brief Referral Description: The 2nd Annual 2023 Homelessness Summit will take place in Salinas in October 2023, and this referral requests that Monterey County contribute \$10,000 for the expenses of this conference that focuses on one of the most critical and challenging issues in our region. Last year's inaugural Homelessness Summit was only virtual due to the pandemic, but drew in over 500 elected officials, service providers, and community and neighborhood leaders. The goal to highlight best practices, better engage our communities in working towards solutions, and to continue to encourage collaboration and partnerships in addressing our homelessness crisis throughout our region.		
This referral also request assistance from our IT Department for the virtual streaming for the hybrid Zoom option for the summit.		
Classification - Implication		Mode of Response
<input type="checkbox"/> Ministerial / Minor	<input type="checkbox"/> Memo	<input checked="" type="checkbox"/> Board Report
<input type="checkbox"/> Land Use Policy	Requested Response Timeline	
<input type="checkbox"/> Social Policy	<input checked="" type="checkbox"/> 2 weeks	<input type="checkbox"/> 1 month
<input checked="" type="checkbox"/> Budget Policy	<input type="checkbox"/> Status reports until completed	
<input checked="" type="checkbox"/> Other: <u>Homelessness</u>	<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): <u>County Administrative Office</u>	Referral Lead: <u>Nick Chiulos, Roxanne Wilson and Ezequiel Vega</u>	Board Date: <u>7/25/23</u>
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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:	Original 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
Date: _____	<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: _____

REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:

Referral Response Date:	Board Item No.:	Referrals List Deletion:
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