

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

**Referral No. 2024.06  
Assignment Date: 5/14/24**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Date: 5/6/2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Submitted By: Luis Alejo                                                                                                                                                                                                                                        | District #: 1                      |
| <b>Referral Title: COVID Memorial District 1 Office Budget Unspent Funds</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                 |                                    |
| Referral Purpose: This referral request to allow my 2023-24 District 1 Office budget unspent funds to be able to contribute to the planned COVID Memorial Fund.                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                                    |
| Brief Referral Description: The County of Monterey is currently raising funds for the COVID Memorial that is planned at the County Government Center Campus at 168 West Alisal Street in Salinas to remember and honor the 902 county resident victims who have tragically lost their lives to the COVID-19 pandemic. Private donation fundraising efforts are ongoing, and I request to contribute any of my District 1 Office budget unspent funds to this important effort as well. I have been diligent with my budget in order to be able to make the contribution. |                                                                                                                                                                                                                                                                 |                                    |
| <b>Classification - Implication</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                 | <b>Mode of Response</b>            |
| <input type="checkbox"/> Ministerial / Minor<br><input type="checkbox"/> Land Use Policy<br><input type="checkbox"/> Social Policy<br><input checked="" type="checkbox"/> Budget Policy<br><input checked="" type="checkbox"/> Other: COVID Memorial – 2021 Referral                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input type="checkbox"/> Presentation                                                                                                                                            | <b>Requested Response Timeline</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 8 weeks<br><input type="checkbox"/> Status reports until completed<br><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):<br>County Administrative Office | Referral Lead:<br>Ezequiel Vega | Board Date:<br>5/14/24 |
|------------------------------------------------|---------------------------------|------------------------|

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

|                |                |                |
|----------------|----------------|----------------|
| Department(s): | Referral Lead: | Original 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:<br>_____                                                                          | <b>Department’s Recommended Response Timeline</b>                                                                                                                                                                                                                         |
| Date: _____                                                                                              | <input type="checkbox"/> By requested date<br><input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months<br><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: |
|-------------------------|-----------------|--------------------------|