

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

**Referral No. 2021.04**  
**Assignment Date: 2/23/21**  
(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: 2/6/2021	Submitted By: LUIS ALEJO & CHRIS LOPEZ	District #: 1 & 3
Referral Title: <b>Monterey County COVID Funeral &amp; Burial Assistance Program</b>		
Referral Purpose: To create a program to assist eligible and low-income families with funeral and burial expenses of deceased Monterey County residents due to the COVID pandemic.		
Brief Referral Description (attach additional sheet as required ): COVID-19 has tragically taken the lives of nearly 300 Monterey County residents since the beginning of this pandemic. Families have been placed in a difficult situation with not only grieving the loss of their loved ones, but also 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, it has made it even more challenging for families to cover these expenses.		
In December 2020, Congress approved \$2 billion for FEMA to offer financial assistance to “an individual or household to meet disaster-related funeral expenses” incurred through December 31, 2020. The program may cover up to 100% of expenses. This referral would request staff to make plans to implement a FEMA funeral and burial cost program for all eligible Monterey County residents.		
This referral also requests that staff assess options of creating a local program to partially assist low-income Monterey County residents with funeral and burial expenses incurred after December 31, 2020 that may not be covered under the FEMA program. Payments would be made directly to funeral homes.		
<b>Classification - Implication</b>	<b>Mode of Response</b>	
<input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input type="checkbox"/> Social Policy <input type="checkbox"/> Budget Policy <input checked="" type="checkbox"/> Other: <b><u>Disaster Assistance</u></b>	<input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input checked="" type="checkbox"/> Presentation	
	<b>Requested Response Timeline</b>	
	<input checked="" type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input 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): County Administrative Office	Referral Lead: Dewayne Woods and Ezequiel Vega	Board Date: 2/23/21
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**REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:**

Department(s): County Administrative Office	Referral Lead: <b>Gerry Malais (Lead) and</b> Ezequiel Vega (Co 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:	<b>Department's Recommended Response Timeline</b>

_____ 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: _____
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**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 Karina Bokanovich, Rocio Quezada and Maegan Ruiz-Ignacio on all CAO correspondence relating to referrals.