

Monterey County Board of Supervisors Referral Submittal Form

Referral No. 2020.27
Assignment Date: 12/08/20
(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: 12-04-20	Submitted By: Supervisor Lopez and Supervisor Alejo	District #: 3
Referral Title: Address the need for translation services		
Referral Purpose: To support access to live translation services and translate recorded minutes of Board of Supervisors Meetings		
<p>Brief Referral Description (attach additional sheet as required): We ask that a process be created, wherein, a community member could receive simultaneous translation services via zoom while watching a live meeting. The simultaneous translation should be recorded and offered on our website for viewing after a meeting so that Spanish speaking members of our community can access critical information, even if they cannot watch the meeting live.</p> <p>A majority of residents in the County of Monterey predominantly speak Spanish, much of the community will be left unaware of important opportunities or services available for them if our meetings are not translated and accessible. There is a need for the live video recordings of the Board Meetings to be translated in Spanish in order for the community to remain actively involved and well informed. Also, the current recorded minutes posted on the County Website are only available in English. There is need to have these recorded meetings translated in Spanish as well so the community may remain engaged.</p>		

Classification - Implication	Mode of Response
<input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input checked="" type="checkbox"/> Social Policy <input type="checkbox"/> Budget Policy <input type="checkbox"/> Other: _____	<input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input type="checkbox"/> Presentation
	Requested Response Timeline
	<input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> Status reports until completed <input checked="" type="checkbox"/> Other: <u>_3 Months_</u> <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): Clerk of the Board	Referral Lead: Valerie Ralph	Board Date: 12/08/20
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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:	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: _____ Date: _____	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: _____

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.