

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

ATTACHMENT A

Referral No. 2017.14
Assignment Date: 8/29/17

AMENDED

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

Date: 7/27/17; Amended 8/25/17	Submitted By: Supervisor Jane Parker	District #: 4
Referral Title: County Mandated Services		
Referral Purpose: To inform the Board and the public about County mandated services and receive Board direction regarding the budgeting process for non-mandated programs.		
Brief Referral Description (attach additional sheet as required): To inform the Board and the public about County mandated services and receive direction about the budgeting process for non-mandated programs, I request 1] a Board presentation presenting information on core and mandated County responsibilities and services: what they are; how they are funded; and the function of the County budget process in ensuring funding for our mandated responsibilities; and 2] a Board workshop at a later date to discuss criteria/guidelines for adding and funding other beneficial, non-mandated services; and the function of the County budget process in prioritizing funds for non-mandated functions.		
Classification - Implication		Mode of Response
<input type="checkbox"/> Ministerial / Minor	<input type="checkbox"/> Memo <input type="checkbox"/> Board Report <input checked="" type="checkbox"/> Board Presentation	Requested Response Timeline
<input type="checkbox"/> Land Use Policy		Part 1 - 6 weeks
<input type="checkbox"/> Social Policy		Part 2 - Status reports until completed
<input checked="" type="checkbox"/> Budget Policy	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Specific Date: _____	
<input type="checkbox"/> Other: _____		

ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s) Completed by CAO’s Office:

Department(s): CAO	Referral Lead: Chiulos/Woods	Board Date: 8/29/17
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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: _____	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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Note: cc: Nick Chiulos, Mary Zurita, and Ebby Johnson on all CAO correspondence relating to referrals.