EXHIBIT B

# Monterey County Board of Supervisors
# Referral Submittal Form

**Referral No. 2012.09**
**Assignment Date: 9/11/12**
(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: 8/30/2012 | Submitted By: Supervisor Jane Parker | District # 4 |
| Referral Title: Inclusion of Public Ownership of Desalination Plan Ordinance in Local Coastal Plan | | |
| Referral Purpose: **To ensure consistency between local coastal plans and county ordinance on a timely policy issue.** | | |

Brief Referral Description (attach additional sheet as required ):

**The County of Monterey maintains an ordinance requiring public ownership of desalination plants. This ordinance is not currently reflected in the Local Coastal Plans. This referral is a request to staff for a Board presentation on the process of applying to the Coastal Commission to include this ordinance in the Local Coastal Plans.**

| Classification - Implication | Mode of Response |
|---|---|
| ☐ Ministerial / Minor | ☐ Memo **X Board Report** **X Presentation** |
| **X Land Use Policy** | **Requested Response Timeline** |
| ☐ Budget Policy | **X 2 weeks** ☐ 6 weeks |
| ☐ Other:_____ | ☐ Status reports until completed |
| | ☐ Other: _____ ☐ Specific Date: _____ |

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

| | | |
|---|---|---|
| Department(s): **RMA - Planning** | Referral Lead: **Carl Holm** | Board Date: **9/11/12** |

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

| | | |
|---|---|---|
| Department(s): | Referral Lead: | 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: _____ | **Department's Recommended Response Timeline** |
| Date: _____ | ☐ By requested date |
| | ☐ 2 weeks ☐ 1 month ☐ 6 weeks ☐ 6 months |
| | ☐ 1 year ☐ Other/ Specific Date:_____ |

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

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

**Note**: Please cc: Nick, Mary, Ebby, and Janet on all CAO correspondence relating to referrals.