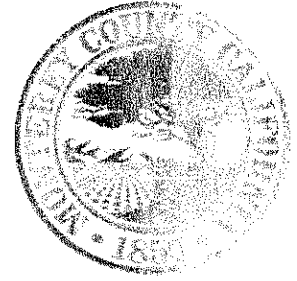


MONTEREY COUNTY



AUDITOR - CONTROLLER

(831) 755-5040 • FAX (831) 755-5098 • P.O. BOX 390 • SALINAS, CALIFORNIA 93902

MICHAEL J. MILLER, CPA, CISA
AUDITOR-CONTROLLER

ALFRED R. FRIEDRICH, CGFM
ASSISTANT AUDITOR-CONTROLLER



April 04, 2014

To All Cities and Agencies with
Assessment Bonds and/or User Fees

The time is quickly approaching for the processing of the 2014-2015 secured roll tax bills, which includes taxes, assessments, fees and charges. Files must be submitted **directly from the City or Agency** for placement on the tax bills. Administration costs of .25% will be taken off the total amount collected.

Each agency is responsible for placing its charges on the secured tax roll annually, by providing the Auditor-Controller's Office with the following:

- A. CD or EXCEL file to include:
 1. 12-Digit Assessors parcel number, dashes omitted.
 2. Total dollar amount for each parcel – divisible by two.
 3. Tax Code.
 4. Description – unique to each tax code – optional.
- B. Completed attached Information Sheet.
- C. Complete name and address for each assessment or fee assigned to a public property, i.e. federal, state, county, city, or school.
- D. Certification Resolution - To ensure that Proposition 218's provisions are being addressed by each agency using the county tax rolls for collection of taxes, assessments, fees, and charges other than the 1% ad valorem tax, the Auditor/Controller requires a certification resolution. The resolution certifies compliance with Proposition 218 and includes a hold harmless and indemnification provision for administrative expenses of the County associated with collection of each agency's taxes, assessments, fees and charges other than the 1% ad valorem tax. Enclosed is a copy of the required certification resolution including Exhibit "A". Without certification, the County will not place charges on the tax roll.

As a reminder, the county is relying upon your Agency to correctly assess and calculate the amounts placed on the secured roll tax bills.

Submissions must come directly from the agency no later than **August 1, 2014** to the following address:

Monterey County Auditor-Controller
Attn: Rogelio Martinez-Pio
P O Box 390
Salinas CA 93902
Martinezr1@co.monterey.ca.us

Because of systems requirements, there can be no exceptions. We are not responsible for information not received directly by this office or information received after the deadline.

Please feel free to contact Rogelio Martinez-Pio, the coordinator for bonds and user fees, by phone at (831) 755-5097 or by e-mail at Martinezr1@co.monterey.ca.us should you have any questions regarding this matter. Your cooperation is greatly appreciated.

Sincerely,



Michael J. Miller, CPA, CISA
Auditor-Controller
County of Monterey

Encl. 3

rm

cc: Mary A. Zeeb, Tax Collector

.ROUTING FORM: Check Applicable Document

Date: 4/21/14

 AGREEMENT AMENDMENT x BOARD REPORT FOR PRE-APPROVAL

Vendor Name:

Title/Brief Description of Document: Adopt a Resolution levying the Emergency Medical Services System Special Tax for Fiscal Year (FY) 2014-15 at the rate of \$12.00 per service unit.

Originating Department: Health – EMS Agency

Department Contact Person WITH phone # or extension: Deanna Gunn, 206-9131

This Agreement or Amendment requires Board Approval: Yes No

MYA DETAILS (for the purchase order process)	
NEW AGREEMENTS	AMENDMENTS
Department #: Health	If you are amending a multi-year agreement please enter the MYA number below.
Unit #: Administration	
Commodity Code(s):	MYA #:
Other Instructions:	Other Instructions:

Approval Guidelines for All Agreements:

When using County boilerplate Agreement and PSA:

Route to vendor first for signature unless there have been line-outs made to the boilerplate wording. Line outs should be approved by County Counsel first.

When using non-standard Agreement:

Departments are required to obtain County Counsel's signature prior to obtaining the vendor's signature for any agreement that does **not** utilize a pre-approved boilerplate document.

ROUTING AND APPROVALS*				
<i>Each Approving Authority is requested to forward the Service Contract to the next Approving Authority in the order listed herein. Thank you.</i>				
	Approving Authority:	Approval Initials	Comments:	Date Reviewed
1st	County Counsel (required)	<i>[Signature]</i>		4/25/14
2nd	Risk Management (if necessary)		N/A	
3rd	Auditor-Controller (required)		N/A	
4th	Contracts/Purchasing (required)		N/A	
	<input checked="" type="checkbox"/> Return to Originating Department <input checked="" type="checkbox"/>			

* In the event that one of the approving authorities has an issue with the document and will not sign, the document shall be returned immediately to the originating department's key contact person identified herein along with a brief written explanation regarding the issue. Once that issue is corrected, the department shall resume the routing process again by sending the document directly to the approving authority who originally withheld approval. The original Routing Form should be included for reference.

MYA #: _____ (to be assigned by Contracts/Purchasing)