

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

Referral No. 2017.18  
Assignment Date: 9/19/17  
**Modified On: 08/24/21**

(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: 9/07/17	Submitted By: Supervisor Wendy Askew	District #: 4
Referral Title: Commissioner Compensation		
Referral Purpose: Presentation to the Board of Supervisors with options for Commissioner compensation that supports our ability to recruit a diverse and representative pool of Commissioners.		
Brief Referral Description (attach additional sheet as required): We have a responsibility to ensure that Commissioners represent the diversity of County residents. Compensation (reimbursement and/or stipend) for participation on a commission impacts our ability to recruit a diverse and representative pool of volunteers who are willing and able to serve, specifically for individuals who bear the costs of transportation, family care, or loss of paid work in order to serve our County on a Commission. This referral requests a presentation to the Board of Supervisors with options for Commissioner compensation that supports our ability to recruit a diverse and representative pool of Commissioners		
<i><b><u>Modified on 8/24/21 to include the following:</u></b> 1) <u>Assessment on: (a) how commissions are being utilized, (b) how well they are serving in their advisory function to the Board, (c) staffing levels of various commissions and how that may, or may not, contribute to their functioning; and, 2) Referral to be referred to the Board of Supervisors Human Resources Committee to engage in discussion and bring back recommendations to the full Board.</u></i>		
<b>Classification - Implication</b>	<b>Mode of Response</b>	
<input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input checked="" type="checkbox"/> <b>Social Policy</b> <input type="checkbox"/> Budget Policy <input type="checkbox"/> Other: _____	<input type="checkbox"/> Memo <input type="checkbox"/> Board Report <input checked="" type="checkbox"/> Presentation	
	<b>Requested Response Timeline</b>	
	<input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input checked="" type="checkbox"/> <b>6 weeks</b> <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): CAO, County Counsel, & Auditor-Controller	Referral Lead: Bauman	Board Date: 9/19/17
--	-----------------------	---------------------

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

Department(s): <del>Human Resources</del> County Administrative Office	Referral Lead: <del>Ramirez-Bough</del> Karina Bokanovich	Date: <del>9/27/17</del> 2/02/21
---	--	-------------------------------------

**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: _____	<b>Department's Recommended Response Timeline</b> <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:
-------------------------	-----------------	--------------------------

**Note:** cc: Nick Chiulos, Mary Zurita, and Ebby Johnson on all CAO correspondence relating to referrals.