

Monterey County Board of Supervisors
Referral Submittal Form

Referral No. 2024.13
Assignment Date: 09/24/24

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

Date: 9/12/2024	Submitted By: Luis Alejo	District #: 1
Referral Title: Tiny Homes Village Renaming – HOPE Village		
<p>Referral Purpose: This referral requests that the name of the pending Tiny Homes Village in Watsonville be changed to a more suitable name that inspires hope, that is easy to pronounce bilingually, and that has input from Monterey County, Santa Cruz County and the City of Watsonville</p>		

Brief Referral Description: In 2023, the County of Monterey was awarded an \$8 million Encampment Resolution Fund (ERF) grant by the State of California in partnership with the County of Santa Cruz and the City of Watsonville. The grant would fund constructing a 34-tiny homes village which will serve as Low-Barrier Navigation Center to homeless residents living along the Pajaro River bordering both counties. It will be the first project of its kind in the Monterey Bay region, and the site location will be at the Westview Presbyterian Church at 118 First Street in Watsonville. The project is also critical for the Pajaro River Flood Risk Management Project.

The project was given the tentative name “Recursos de Fuerza.” However, that name is not the best Spanish wording for the project, does not make much sense in Spanish, is difficult to pronounce, and did not receive any input from our partners. Unlike the process to name the SHARE Center, there was no collaborative brainstorming and input process for naming this project.

Key elected officials of the Santa Cruz County Board of Supervisors and the Watsonville City Council also support renaming this project with a more appropriate and inspirational name.

The project could potentially be named, **HOPE Village (Housing, Opportunity, Programs and Employment)** to convey the services that will be provided and to inspire hope and support within the community for the project and its clients. It's also brief and easy to pronounce. In Spanish, it can be called **“Casitas de Esperanza.”** Other possible names are Dignity Village or Aspire Home Village, but there can be other suggestions from our partners.

Since this program is still months away from being constructed, this is a perfect time to get the permanent name right for this collaborative, first-of-its-kind project in our region that we aim to generate the most public support for.

Classification - Implication	Mode of Response		
<input type="checkbox"/> Ministerial / Minor	<input type="checkbox"/> Memo	<input checked="" type="checkbox"/> Board Report	<input checked="" type="checkbox"/> Presentation
<input type="checkbox"/> Land Use Policy	Requested Response Timeline		
<input type="checkbox"/> Social Policy	<input checked="" type="checkbox"/> 2 weeks	<input type="checkbox"/> 1 month	<input type="checkbox"/> 8 weeks
<input type="checkbox"/> Budget Policy	<input type="checkbox"/> Status reports until completed		
<input checked="" type="checkbox"/> Other: <u>Homelessness Services</u>	<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): <u>County Administrative Office</u>	Referral Lead: <u>Debbie Paolinelli</u>	Board Date: <u>09/24/2024</u>
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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:	Original 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: <hr/> 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: _____
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REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:

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