

# Attachment A

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

**Referral No. 2025.02**  
**Assignment Date: 02/25/25**  
(Completed by CAO's Office)

**SUBMITTAL - Completed by referring Board office and returned to CAO no later than 10:00AM on Wednesday prior to Board meeting:**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |                                                                                                                                                                                                                                                                 |
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| Date: 23 February 2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Submitted By: Supervisor Glenn Church | District #: 2                                                                                                                                                                                                                                                   |
| Referral Title: Sewer charge assistance for recovering non-residential customers in Pajaro County Sanitation District (PCSD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                                                                                                                                                                                                                                                 |
| Referral Purpose:<br>To ease non-residential customers, who are still recovering from the March 2023 storms and flooding, into the new PCSD sewer rates approved in 2024 by PCSD Ordinance 5420                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |                                                                                                                                                                                                                                                                 |
| Brief Referral Description (attach additional sheet as required):<br>PCSD and the Monterey County conducted a Prop 218 process in early-2024 to bring sewer rates in alignment with industry needs, while trending consistent with neighboring local agencies. The Prop 218 passed and culminated in the sewer rate ordinance PCSD Ordinance No. 5420 on July 9, 2024. However, the March 2023 Winter Storms and Pajaro River Levee failure that flooded the community of Pajaro and evacuated the constituents for days, has caused long-lasting financial impacts on both residential customers and non-residential customers (i.e., commercial and industrial). The District 2 Supervisor Office and Public Works, Facilities and Parks (PWFP) staff have received concerns from these non-residential customers.<br><br>This Board Referral seeks to provide solutions for temporary relief to the non-residential customers to help them while they continue to recover from flood losses, and help them to remain in Pajaro to conduct their business and thrive, without the need to revisit the Prop 218 study and process that was recently approved. This aid might need to take the course of multiple years for the businesses to recover. |                                       |                                                                                                                                                                                                                                                                 |
| <b>Classification - Implication</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       | <b>Mode of Response</b>                                                                                                                                                                                                                                         |
| <input type="checkbox"/> Ministerial / Minor<br><input checked="" type="checkbox"/> Land Use Policy<br><input type="checkbox"/> Social Policy<br><input type="checkbox"/> Budget Policy<br><input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       | <input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input type="checkbox"/> Presentation                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       | <b>Requested Response Timeline</b>                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       | <input type="checkbox"/> 2 weeks <input checked="" type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks<br><input type="checkbox"/> Status reports until completed<br><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): PWFP/CAO | Referral Lead: Randy Ishii/Debbie Paolinelli | Board Date: 2/25/25 |
|-------------------------|----------------------------------------------|---------------------|

**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:<br>_____                                                                          | <b>Department's Recommended Response Timeline</b><br><input type="checkbox"/> By requested date<br><input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months |

|             |                                                                                     |
|-------------|-------------------------------------------------------------------------------------|
| Date: _____ | <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:** Please cc Claudia Escalante and Karina Bokanovich on all CAO correspondence relating to referrals.