

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

Referral No. 2025.09
Assignment Date: 08/19/25
(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: 08/12/25	Submitted By: Supervisor Lopez	District #: 3
Referral Title: Anza National Historic Trail Auto Tour Signs		
Referral Purpose: Partner with the National Park Service to facilitate the replacement of 14 official national historic trail Auto Tour signs on roads along the Juan Bautista de Anza National Historic Trail		
Brief Referral Description (attach additional sheet as required): The National Park Service and the County of Monterey have the opportunity to partner to facilitate the replacement of 14 official national historic trail Auto Tour signs on roads along the Juan Bautista de Anza National Historic Trail within its jurisdiction. The signage project includes 11 signs in District 3, 1 sign in District 5, and 2 signs in District 2. The National Park Service will purchase and ship 14 replacement signs for the County of Monterey to install in locations identified by National Park Service.		
Classification - Implication		Mode of Response
<input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input type="checkbox"/> Social Policy <input type="checkbox"/> Budget Policy <input checked="" type="checkbox"/> Other: _____		<input checked="" type="checkbox"/> Memo <input type="checkbox"/> Board Report <input type="checkbox"/> Presentation
		Requested Response Timeline
		<input type="checkbox"/> 2 weeks <input checked="" type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <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): Public Works, Facilities, and Parks	Referral Lead: Randy Ishii	Board Date: 08/19/25
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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:	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: _____ 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: _____

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

Referral Response Date:	Board Item No.:	Referrals List Deletion:
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Note: Please cc Claudia Escalante and Karina Bokanovich on all CAO correspondence relating to referrals.