Monterey County Board of Supervisors Referral Submittal Form

Referral No. 2024.17 **Assignment Date: 12/3/24**

(Completed by CAO's Office)

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

wednesday prior to board meeting:					
Date: 11/14/24 Submitted By: S	Supervisor Gle	nn Church		District #: 2	
Referral Title: Policy for Evaluating H	ousing Econon	nic Impacts on	Residents in Leg	islative Decisions	
Referral Purpose:					
Request for the Board of Supervisors to	o implement a	policy requirin	g an assessment	of potential housing	
economic impacts on residents in the legislative decision-making process.					
Brief Referral Description (attach additional sheet as required):					
The referral aims to establish a structure					
before enacting new county ordinances					
housing in a dedicated section of the de				ecisions consider potential	
financial burdens and economic effects	on housing co	sts for the com	nmunity.		
Classification - Implication			Mode of Response		
☐ Ministerial / Minor			☐ Memo X Board Report ☐ Presentation		
☐ Land Use Policy			Requested Response Timeline		
☐ Social Policy		□ 2 weeks	□ 1 mon	th □ 6 weeks	
☐ Budget Policy	☐ Budget Policy		☐ Status reports until completed		
☐ Other:			☐ Other: ASAP ☐ Specific Date:		
ASSIGNMENT - Provided by CAO	at Board Mee	ting. Copied t	o Board Offices	and Department Head(s)	
Completed by CAO's Office:					
Department(s):	Referral	Lead:		Board Date:	
REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:					
Department(s): Housing and Commun	ty Referral	Referral Lead: Craig Spencer and Date		Date: 12/3/24	
Development and CAO	Debbie F	Debbie Paolinelli			
ANALYSIS - Completed by Department and copied to Board Offices and CAO:					
Department analysis of resources required/impact on existing department priorities to complete referral:					
	1				
Analysis Completed By: Department's Recommended Response Timel			ided Response Timeline		
By requested date					
To a		☐ 2 weeks			
		□ 1 year	ear		
REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:					
	Board Item No.:		Referrals List Deletion:		
Referral Response Date:	Board Item 1	No.:	Referrals List F	Deletion:	

Note: Please cc Claudia Escalante and Karina Bokanovich on all CAO correspondence relating to referrals.