

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

Referral No. \_\_\_\_\_  
Assignment Date: \_\_\_\_\_  
Referral Reopened: \_\_\_\_\_

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

Date: 10/13/2025	Submitted By: Luis Alejo	District #: 1
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**Referral Title: County of Monterey Facility Naming Policy**

Referral Purpose: The purpose of this referral is to create a formalized process and policy for naming County of Monterey-owned and county-operated facilities.

Brief Referral Description: The County of Monterey currently has an established policy for the naming of facilities operated by Natividad Medical Center, which was adopted following a referral to name a county facility in honor of the late Supervisor Barbara Shipnuck. However, there is no equivalent policy that governs the naming of other county-owned or county-operated facilities. This referral seeks to develop a consistent, transparent, and inclusive countywide naming policy that ensures the Board of Supervisors and relevant local government partners are meaningfully involved in the process.

In 2020, the County engaged in a naming process for the SHARE Center, a county facility located at 855 East Laurel Drive in Salinas that provides housing and supportive services for homeless individuals and families. The Department of Social Services led a collaborative process to brainstorm potential names, gather staff input, and solicit community feedback before the name was finalized. In contrast, no such process was conducted for the Watsonville Tiny Homes Low Barrier Navigation Project, a joint effort between the Counties of Monterey and Santa Cruz funded through the Encampment Resolution Fund (ERF) grant by the State of California.

This referral proposes to establish a formal policy and procedure to guide the naming of all county facilities, ensuring transparency, consistency, and public engagement. The policy would require that:

- The facility name reflects the mission, purpose, or community values of the project.
- The name is easy to pronounce, culturally inclusive, and accessible to the broader community.
- Temporary placeholder names used during grant application or construction phases are replaced through the official county naming process before a facility opens.
- The naming process includes consultation with the Board of Supervisors, appropriate county departments, and other local government and community partners.

Place names matter, especially for sensitive, controversial or high-visibility projects such as homeless navigation centers. The right name can build community trust, highlight its mission and program purpose, enhance public support, and strengthen future fundraising efforts to sustain these vital services once grant funding concludes.

For reference, the existing Natividad facility naming policy and the County of Fresno’s facility naming policy are attached to serve as models in developing a comprehensive County of Monterey Facility Naming Policy.

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: <b>County Facilities naming process</b>	<input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input checked="" type="checkbox"/> Presentation
	Requested Response Timeline
	<input type="checkbox"/> 2 weeks <input checked="" type="checkbox"/> 1 month <input type="checkbox"/> 8 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):	Referral Lead:	Board Date:
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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:
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Analysis Completed By: _____	<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: _____
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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