

Office of Supervisor Manu Koenig
701 Ocean Street, Room 500
Santa Cruz, CA 95060
(831) 454-2200



Proposed County Ordinance - Background Sheet

(Please complete this form and submit to Supervisor Koenig's staff for review & consideration)

Date submitted: _____

Name: *(Constituent/Organization/Agency/Business)* _____

Contact information: *(Email, Phone number & Address)*

Title of proposed ordinance: *(Please recommend a title for the proposed ordinance)*

Summary of the proposed ordinance:

Problem the proposal aims to solve:

Solution the proposal provides:

Does proposal reference or expand existing legislation? *(City, County, State or Federal)*

Please provide any relevant studies or news articles used to develop this proposal:

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Identify all stakeholders this proposal has already been discussed with:

Please identify if this proposal has been, or will be, proposed to any other government offices and/ or departments:

Potential opposition: *(Provide specific examples-Two minimum)*

Potential support: *(Provide specific examples- Two minimum)*

Estimated budget necessary to execute the proposal:

(Please describe the estimated cost to fund the proposal and the respective funding source/s)

Proposed ordinance language: *(Please provide your answer below)*