



Advocacy Visit Report

Date of Visit: _____ CoC: _____

Your Name: _____ E-mail: _____

Organization: _____ Phone: _____

Senator/Representative: _____

Met with: Senator or Representative Staff Member(s)

If staff member, their name: _____

Discussed:

Bills: (if known/applicable)

HB _____

SB _____

Issues:

- | | |
|--|---|
| <input type="checkbox"/> Reinstating GIA | <input type="checkbox"/> Maintaining Challenge and HHA Grant Funding |
| <input type="checkbox"/> Sadowski Housing Trust Fund | <input type="checkbox"/> Creating a Local Homelessness Prevention Grant |
| <input type="checkbox"/> Hate Crimes Against Homeless People | <input type="checkbox"/> Voluntary Contribution Option on DMV forms |
| <input type="checkbox"/> Other _____ | |

Is this Senator/Representative Supportive Unsupportive

If unsupportive, what is/are their concerns/objections? _____

Other pertinent information that would help statewide advocates _____

