

2007 CONGRESSIONAL CONTACT REPORT

Please have the individual who made the Congressional contact complete this form with check marks where appropriate. One form should be completed for every Congressional contact. Use reverse side for additional comments. Thank you!

Name of person contacted: _____

___ Senator

___ Representative

___ Aide to: _____

Party :

Committee affiliations:

Method of contact:

___ Republican

___ Democrat

___ Independent

___ Budget Committee

___ Appropriations Committee

___ Appropriations Subcommittee

___ Other (identify) _____

___ Hill visit

___ Local visit

___ Letter

___ Phone

Issues discussed:

___ Council program

___ Appropriations

___ Other (please specify) _____

Response:

___ Supportive

___ Unsupportive

___ Noncommittal

Specific issues of concern: _____

Will this member support the proposed increase? Yes No Undecided

Is a follow-up contact planned? Yes (when) _____ No

Comments:

Your name: _____ State: _____

Your relationship to the council:

___ Chair

___ Board member

___ Director

___ Council staff

___ Project director

___ Other (specify) _____