

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	____ Budget Committee	____ Hill visit
____ Democrat	____ Appropriations Committee	____ Local visit
____ Independent	____ Appropriations Subcommittee	____ Letter
	____ Other (identify)	____ 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 ____ Council staff
____ Board member ____ Project director
____ Director ____ Other (specify) _____