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| --- | --- |
| **Date Submitted** |  |
| **Submitting Department** |  |
| **Contact Name** |  |
|  **Contact Email** |  |
|  **Contact Phone** |  |
| **Reviewed and approved by Department Head?**  | □ YES □ NO |
| **Reviewed and approved by Commission?** | □ YES □ NO □ N/A |

**[SB/AB Bill Number]**

**[Sen./Asm., Last Name, Sen/Asm District #, Party Affiliation]**

**[Bill Name]**

**Recommended Position**

**□ SPONSOR □ SUPPORT**

**□ SUPPORT if amended □ OPPOSE**

**□ OTHER & Describe**

**Summary**

*[Provide high-level summary of the bill in question and brief explanation of recommended position.]*

**Background/Analysis**

*[Provide history of the issue in question and/or a description of the law as it currently stands.]*

**Challenge**

*[Describe the challenge or problem that this bill is trying to solve for and the impacts to San Francisco.]*

**Solution/Recommended Proposal**

*[Describe the solution the bill is proposing, and/or the new policy it creates to help San Francisco.]*

**Departments Impacted & Why**

*[List any departments that may be impacted by the legislation and explain the impact. We recommend consulting with affected departments for their perspective before submitting this proposal form.]*

**Fiscal Impact**

*[If any, describe the fiscal impact of the legislation, especially as it relates to San Francisco and your department in particular. Please include any analysis completed that summarizes fiscal impact to the State.]*

**Support / Opposition**

*[List the entities, elected officials, organizations that either support and/or oppose this bill. This information can be found at* [*https://leginfo.legislature.ca.gov/*](https://leginfo.legislature.ca.gov/) *and going to “Bill Information” / searching the bill / “Bill Analysis.” The list of supporters and/ opposition is typically included on the analysis listed.]*