***Purpose:*** *This form is intended as a tool to guide MCOA Board of Directors’ decision-making regarding level of support for any legislative proposal beyond its own already identified priority bills. Levels of support include: a) no position; b) electronic written testimony in favor/opposition; c) testimony in person in favor/opposition.*

***MCOA Process:***

*A) At least* ***two (2) weeks in advance*** *of scheduled legislative public hearing, an organization seeking MCOA support/opposition for a legislative bill completes this form and submits it electronically—with a copy of the bill-- to MCOA staff (*[*evelyndefrees@gmail.com*](mailto:evelyndefrees@gmail.com)*).*

*B) MCOA Executive Committee & Board will review and decide on MCOA action.*

*C) Once an MCOA decision is reached, the organization seeking support will be notified.*

*D) Organization seeking support/opposition is responsible for providing draft testimony/letter and notifying MCOA about hearing date & time as soon as possible (at least a week in advance) to ensure timely submission of MCOA’s statement.*

**Date of request:**

|  |  |  |
| --- | --- | --- |
| **Organization Submitting Request:**  *(including contact & contact info)* | |  |
| **LD #/Title/Sponsors:** | |  |
| **Fiscal Note Information:** | |  |
|  | | |
| **MCOA Strategic Criteria:** | | |
| **Yes/No/NA** | **Does the bill/budget line item do the following: (*Explanation/Detail*)** | |
|  | 1. **Support aging-friendly communities that offer meaningful options to older adults for living, working, and healthy aging?** | |
|  |  | |
|  | 1. **Ensure adequate funding and system resources are dedicated to the full spectrum of supports and services older adults need as they age?** | |
|  |  | |
|  | 1. **Expand supports for informal caregivers of older adults?** | |
|  |  | |
|  | 1. **Enhance opportunity for older adults to be engaged in their communities?** | |
|  |  | |
|  | 1. **Increase leadership opportunities for older adults to articulate their needs and desires, and help them be their own advocates?** | |
|  |  | |
|  | 1. **Effectively anticipate the needs of older adults through the aging process?** | |
|  |  | |
|  | 1. **Ensure independence, dignity, and quality of life for all older adults?** | |
|  |  | |
|  |  | |
| **MCOA Tactical Criteria:** | | |
| **Yes/No/NA** |  | |
|  | 1. **Has the bill been “adopted” by at least one MCOA member organization willing and able to coordinate support and other activities for the bill?** | |

|  |  |
| --- | --- |
|  |  |
|  | 1. **Was the legislation initiated by the MCOA and/or a member organization in consultation with the MCOA Board?** |
|  |  |
|  | 1. **Is/Are the bill’s sponsors committed and actively advocating for passage of this bill?** |
|  |  |
|  | 1. **Does the bill have a chance of passing (and/or being funded) this session?** |
|  |  |
|  | 1. **Will your organization provide electronic draft MCOA testimony/letter of support at least a week in advance of the scheduled public hearing (*please note who will draft and send to MCOA)?*** |
|  | ­­­ |

***🡪Please complete this form and submit it electronically with a copy of the LD in question to MCOA staff:***

***Evelyn deFrees (***[***evelyndefrees@gmail.com***](mailto:evelyndefrees@gmail.com)***). Thank you!***

*(10/15/2016)*