

# Issue Advisory/Request Form

<b>RAC Contact:</b>	<b>Regional Office:</b>	<b>Action/Request Question Information</b>	<b>Submission Date:</b>
<b>Relevant Goal Area:</b>		<b>Funds Requested:</b>	<b>Yes    No</b>
		<b>Amount Requested:</b>	
<b>Collaborators:    University Centers of Excellence DD            Disability Rights California            DDS</b>			
<b>Others (Please list):</b>			
<b>Attachments (Please describe):</b>			<b>Yes    No</b>
<b>Legislation:</b>			
<b>Assembly (AB)</b>	<b>Bill Number:</b>	<b>Author:</b>	
<b>Senate (SB)</b>			
<b>Narrative of Issue/Request/Question/Information or Description of Legislation:</b>			
<b>Recommended Outcome(s):</b>			
<b>Time-sensitive issue</b>		<b>Response needed by:</b>	
<b>Council/Staff Action:</b>			
<b>Area of Responsibility:</b>	<b>Personnel Routing:</b>	<b>Committee Routing:</b>	

**Attachments (cont.)**

**Narrative (cont.)**

**Recommended Outcome(s) (cont.):**

**Council/Staff Action (cont):**