

Bill Number:
(for office use only)

Delegation:
Subject Area:

Bill Packages are vital to several program areas. The copies you make enable both Legislative Houses, Lobbyist, and the Legislative Analyst to get their work done.

To ensure you submit the appropriate number of copies of the appropriate materials, we have instituted this checklist process. **Your bill package will be returned to you if you fail to complete this checklist and include it as the top page.**

Please submit your documents in the following order. **Initial each box:**

STEP 1.) Does your Bill contain

- € Lead Advisor Name and Email listed before signatures?
- € Bill Author Name and Email listed before signatures?
- € Signed by the your Y's Board Chair
- € Signed by your Y's Executive

(If your signed bill will come separately, please explain here and included an unsigned copy with your bill packages and note "signature to follow" in the signature lines: _____)

STEP 2.) Is your Bill Supplement Form Complete?

- € Name of Committee Sponsor Complete
- € Name of Bill Author Complete
- € Name of Bill Sponsor in Assembly
- € Name of Bill Author in Senate
- € Name of Lobbyists from your Delegation. If you have none, write "none."
- € Questions answered?
- € Advisor Signature?

STEP 3.) Background Research - MINIMUM 2 pieces of background for each bill (can be news articles, research papers, internet sources, etc. NOTE: Do not merely submit a list of links to on-line resources.)

How many items have you included? _____

STEP 4.) Affected existing statute? If your bill is an act to "**amend**" or an act to "**repeal**" an existing statute, please include copies of the existing statute. Statutes can be found at www.leginfo.ca.gov/calaw.html. If your bill is an act to "add", or you are submitting a resolution, write "n/a" here: _____

STEP 5.) Now that you have assembled your materials **make 3 additional copies** giving you a total of **4 completed bill packages**. Each "bill package" should include a copy of your final bill, your bill supplement form, and a copy of your background research. Please staple or use a binder clip to secure each of the 4 packages. Submit with this completed check form on top.

- € Number of copies made _____

Signature of responsible party _____ Date _____

Printed Name _____

Role (i.e.: Bill Sponsor, delegation president, advisor, etc) _____

Contact Number _____