

Engineering THE LAW, Inc.

Advocacy Training for the Competitive Edge

Leave-Behind Template: print on colored paper, then laminate. Information demonstrates your position is good for lawmaker, district, and state overall. Ensure information is scrupulously honest, precise, and accurate.

XYZ Association Requests _____ (lawmaker name) **Support** _____ (bill name, number, sponsors' names, to accomplish specific action, e.g., Fund Expansion of Hwy. #1 in district)

Presented by (names of XYZ lobbying team members meeting with lawmaker/staff):

_____ (constituents' names, titles, entities in the district represented, contact info)

_____ (your lobbyist's and/or association staff name, title, organization, contact info)

1. (XYZ or current law) **benefitted** _____ (district groups/areas) **during** ____ (past 2-4 years) by:

- _____ (what it helped law/your group do specifically benefiting the district)
- _____ (specific groups liked by lawmaker within district that law/you benefitted)
- _____ (value in dollars of benefits to the district overall)

2. (XYZ or future law) **will benefit** _____ (district areas/groups) **over** ____ (next 2-4 years) by:

- _____ (this wonderful thing for the lawmaker's supporters and voters)
- _____ (benefit to named friendly constituents, organizations, or businesses in district)
- _____ (putting this number of dollars into the district)
- _____ (implementing key promise lawmaker made last election)
- _____ (neutral others)

3. **Your support will benefit** (other named districts in state) **by:** _____ (dollars and services)

4. (XYZ or bill) **is supported by:**

- _____ (names of district groups that generally support/oppose lawmaker)
- _____ (names of statewide groups that generally support/oppose lawmaker)
- _____ (names of key supportive constituents that generally support/oppose lawmaker)
- _____ (names of lawmaker(s) liked/disliked by your lawmaker)

5. (XYZ or bill) **is opposed by:**

- _____ (same named parties above)

6. **Estimated cost to state is:** \$ _____ **resulting in a net benefit:cost ratio of** ____:____.

7. **Please support** _____ (action, bill number, sponsor's name)

For more information please contact _____ (name) **at** _____ (telephone & email) .

_____ (XYZ) **will actively work with** ____ (lawmaker) **to** (enact/stop) ____ (bill number) _____ .

(XYZ) **is proud to be on public record as a supporter of** _____ (lawmaker name).

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Name of Main Contact: _____

Name of Association: _____

Address: _____

Telephone: _____ Email: _____ Webpage: _____

1. (Purpose of association in 2-3 sentences or less.)
2. (Your connection to lawmaker's district historically or prospectively 4-5 lines or less.)
3. (3-5 line narrative explaining why legislature/lawmakers should do as you request.)