**County of Los Angeles**

**Chief Executive Office – Legislative Affairs and Intergovernmental Relations**

**RECOMMENDED COUNTY-SPONSORED LEGISLATIVE PROPOSAL FORM**

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| **Department:** | Click or tap here to enter text. |
| **Division (if applicable):** | Click or tap here to enter text. |
| **Contact Person’s Name:** | Click or tap here to enter text. |
| **Phone Number:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Proposal Approved By:** | (Name and Title) Click or tap here to enter text. |
| (Signature) |

**INSTRUCTIONS**

Please provide the requested information in each text box provided. Please do not reformat this form. Electronic signatures are acceptable. For questions regarding electronic signatures, please contact the legislative analyst assigned to your department (see Attachment III).

**SUMMARY**

1. **Give a brief description of the State legislative proposal and briefly explain how this State legislative proposal is directly related to one of the Board’s top State legislative priorities (two to three sentences):**

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| Response:  Click or tap here to enter text. |

**BACKGROUND INFORMATION**

1. **Problem**
2. What problem does the State legislative proposal address? Give specific facts and/or examples.
3. Does the State legislative proposal address a problem of statewide significance?
4. Why is this State legislative proposal important to the County and/or your department?
5. Have counties been involved in any litigation regarding this problem? If so, cite the case.
6. What other data, materials, or case law document this problem?

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| Response:  Click or tap here to enter text. |

1. **Interested Parties**
2. Does this State legislative proposal impact other County departments?
3. If so, which County departments are impacted and has your department vetted this proposal with them?
4. What other counties, cities, organizations or constituent groups would be supportive of or opposed to the State legislative proposal?
5. What counties, cities, organizations or constituent groups could be affected by the State legislative proposal? How?

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| Response:  Click or tap here to enter text. |

**PROPOSAL**

1. **Existing Law**
2. What current law is applicable to this State legislative proposal?
3. Why is existing law inadequate to addressing this problem?

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| Response:  Click or tap here to enter text. |

1. **Suggested Legislation**
2. Describe the specific bill proposal.
3. Do similar provisions existing in other California laws?

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| Response:  Click or tap here to enter text. |

1. **Fiscal Impact**
2. Would there be any potential fiscal impact to the State by this legislative proposal? If so, describe.
3. Would there be any potential fiscal impact to the County by this State legislative proposal? If so, describe.
4. Would there be any potential fiscal impact to other local governments, or other organizations or constituent groups by this State legislative proposal?

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| Response:  Click or tap here to enter text. |

**HISTORY**

1. Has this State legislative proposal been introduced in the Legislature before?
2. If so, what was the bill number, who was the author, who were the sponsors, and why did it fail to advance?

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| Response:  Click or tap here to enter text. |

**BOARD POLICY**

1. What policy in the County’s State Legislative Agenda supports this State legislative proposal?
2. If there is not applicable policy from the State Legislative Agenda, what County initiative, adopted Board motion, or Board policy supports this State legislative proposal?

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| Response:  Click or tap here to enter text. |

**SUGGESTED BILL LANGUAGE**

Please attach County Counsel-approved bill language for the proposal.

Proposed bill language should be provided in red-line format and reference relevant code section(s).

**COMPANION BUDGET PROPOSAL**

Will this State legislative proposal need a companion State budget proposal? If so, please complete Attachment II.