AMERICAN CANCER SOCIETY CANCER ACTION NETWORK

[insert district #] District Assessment & Development Plan

ACT Lead: name, email, phone

Congressional Leadership Information – United States House of Representatives	
Member of Congress:	Political Party
	Length of time in Office
What issues does the lawmaker care about? **What committees (if any) does the lawmaker sit on?** **Are they co-sponsoring bills we support? Have they recently voted to support our priorities?** **What else should ACS CAN volunteers know about this representative?**	

Congressional Office Information	
District (Local) Offices	**DC Office**
Staff Contact:	**Staff Contact**:
Phone Number:	**Phone Number**:
Email:	**Email**:
addresses	address

About The District

District Data
Population:
Size of District (Mileage):
Major Cities in District:

Add other information about the district as needed

Insert here a map of the district

What are the health challenges in your district (specific to cancer, and in general)?

Look up (Google) your County Community Health Needs Assessment and Community Health Improvement Plan

NYC community health profiles: https://www.nyc.gov/site/doh/data/data-publications/profiles.page

Look up NCI-designated cancer centers in your district here: https://www.cancer.gov/research/infrastructure/cancer-centers/find

District Health Systems & Cancer Centers				
Health System or Cancer Center	**Website**	**Contact Person**	**Phone Number**	**Comments: (RFL/MSABC Sponsor, Physician lives in the community, upcoming community events, etc.)**

Look up Relay for Life here based on zip code: https://secure.acsevents.org/site/SPageServer?pagename=relay

Look up Making Strides Against Breast Cancer based on zip code: https://www.cancer.org/involved/fundraise/making-strides-against-breast-cancer.html

District Relay For Life and Making Strides Against Breast Cancer			
Event Name	**Advocacy Chair**	**Event Date**	**Notes (Kick-off date, Team Captains Meetings, etc.)**

Major District Businesses and Employers			
Company Name	**Website**	**Phone Number**	**Comments: (potential connection to advocacy)**

Major District Civic Organizations			
Organization Name	**Primary Contact**	**Phone Number**	**Comments**

STATE LAWMAKERS

State Assembly Information – ACT LEAD's State Assembly Member
ACT Lead's State Assembly Member: name, Assembly District #
Political party:
Length of time in office:
What issues does the lawmaker care about?
What committees does the lawmaker sit on? •
Notes:
Does this Assembly district overlap with another Congressional District?

State Assembly Member Office Information	
District (Local) Offices	**Albany Office**
Staff Contact:	**Staff Contact**:
Phone Number:	**Phone Number**:
Email:	**Email**:
addresses	address

State Senate Information – ACT LEAD's State Senator
ACT Lead's State Senator: name, Senate District #
Political party:
Length of time in office:
What issues does the lawmaker care about?
What committees does the lawmaker sit on? •

Notes:
Does this Senate district overlap with another Congressional District?

State Senator Office Information – ACT LEAD's State Senator	
District (Local) Offices	**Albany Office**
Staff Contact:	**Staff Contact**:
Phone Number:	**Phone Number**:
Email:	**Email**:
addresses	address

OPTIONAL - FOR NYC VOLUNTEERS

City Council Information – ACT LEAD's City Council Member
ACT Lead's City Council Member: name, District #
Political party:
Length of time in office:
What issues does the lawmaker care about?
What committees does the lawmaker sit on? •
Notes:
Does this City Council district overlap with another Congressional District?

City Council Office Information – ACT LEAD's City Council Member	
District Office	**Legislative Office**
Staff Contact:	**Staff Contact**:
Phone Number:	**Phone Number**:
Email:	**Email**:
addresses	address

OPTIONAL SECTION -- OTHER STATE ASSEMBLY/SENATE MEMBERS WHO ARE IMPORTANT IN THIS DISTRICT

State Assembly Information – Other State Assembly Member
State Assembly Member: name, Assembly District #
Political party:
Length of time in office:
What issues does the lawmaker care about?
What committees does the lawmaker sit on? •
Notes:
Does this Assembly district overlap with another Congressional District?

State Assembly Member Office Information	
District (Local) Offices	**Albany Office**
Staff Contact:	**Staff Contact**:
Phone Number:	**Phone Number**:
Email:	**Email**:
addresses	address

State Senate Information – Other State Senator
State Senator: name, Senate District #
Political party:
Length of time in office:
What issues does the lawmaker care about?
What committees does the lawmaker sit on?

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Notes:
Does this Senate district overlap with another Congressional District?

State Senator Office Information – State Senator	
District (Local) Offices	**Albany Office**
Staff Contact:	**Staff Contact**:
Phone Number:	**Phone Number**:
Email:	**Email**:
addresses	address

About The District's Volunteers and Coalition Partners

Ambassador Roster (Current)			
Name	**Email Address**	**Phone Number**	**Comments: Trained? Active? Special Interests?**

Ambassador Roster (Prospects)			
Name	**Email Address**	**Phone Number**	**Comments**

Optional – include Board of Advisors information if this is relevant in your area

District ACS Board of Advisors ACS Staff Community Engagement Contact: Email:			
Name	**Email Address**	**Phone Number**	**Comments**
			BOA Chair
			BOA Advocacy Chair

Optional – include information about healthcare advocacy allies/partner organizations if they are relevant in your area

Ally and Partner Organizations				
Organization	**Contact Person**	**Email Address**	**Phone Number**	**Comments**
Lung Association, for example				