AMERICAN CANCER SOCIETY CANCER ACTION NETWORK District Assessment & Development Plan www.congress.gov

Congressional Leadership Information	
ACT Lead:	
Congressional District:	
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?	

District Congressional Office Information
Main District Office Address:
Staff Contact:
Phone Number:
Email:

State Assembly Information

ACT Lead's State Assembly Member:	
Staff Contact:	
Phone Number:	
Email:	
Notes:	
State Senate Leadership Information (ACT Lead's State Senato	or)
State Senate District:	
Senator:	Political Party:
	Length of time in Office:
Office Address:	Phone Number:
Staff contact:	Email:
What issues does the lawmaker care about?	
What committees (if any) does the lawmaker sit on?	
Does this Senate district overlap with another Congressional	District? If so, which?
Does this senate district overlap with another congressional	District. It 30, Willell:

State Senate Leadership Information (Additional Senator)			
State Senate District:			
Senator:	Political Party:		
	Length of time in Office:		
Office Address:	Phone Number:		
Staff contact:	Email:		
What issues does the lawmaker care about?			
What committees (if any) does the lawmaker sit on?			
Does this Senate district overlap with another Congressional District? If so, which?			

State Senate District:		
Senator:	Political Party:	
	Length of time in Office:	
Office Address:	Phone Number:	
Staff contact:	Email:	
What issues does the lawmaker care abo	ut?	

Does this Senate district overlap with another Congressional District? If so, which?
District Data
Population:
Size of District (Mileage):
Major Cities in District:
Ambassador Poster (Current)

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

Ambassador Roster (Prospects)

Name	Email Address	Phone Number	Comments

mmunity Engage		Email:	
Name	Email Address	Phone Number	Comments
			BOA Chair
			BOA Advocacy Chair

District Relay For Life Eve	ents		
RFL Senior Manager Con	tact:	Email:	
RFL ACS CAN Area POC:		Email:	
Event Name	Community Manager	Advocacy Chair (Y/N)	Comments: (Kick-off date, Team Captains Meetings, etc.)
	Name:	Name:	
Date:	Email:	Email:	
	Name:	Name:	
Date:	Email:	Email:	
	Name:	Name:	
Date:	Email:	Email:	
	Name:	Name:	
Date:	Email:	Email:	
	Name:	Name:	
Date	Email:	Email:	
	Name:	Name:	
Date:	Email:	Email:	
	Name:	Name:	
Date:	Email:	Email:	
	Name:	Name:	
Date:	Email:	Email:	
	Name:	Name:	

Date:	Email:	Email:	

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

District Businesses			
Company Name	Website	Phone Number	Comments: (potential connection to advocacy)

** Explore the web for any Chambers of Commerce in your district- it may help give you ideas of people you can approach. This list should only include large businesses that would be of note to lawmakers**

District Civic Organizations					
Organization Name	Primary Contact	Phone Number	Comments		
	Name:				
	Email:				
	Name:				
	Email:				
	Name:				
	Email:				
	Name:				
	Email:				
	Name:				
	Email:				

^{**}List Knights of Columbus, Rotary Clubs, DAR—places where you might be able to speak & recruit volunteers**

In my district, people can be found at the following major annual events: (look at community calendars, department of recreation, etc.)

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- •
- •
- •
- •
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- •

In my district, if I wanted to find local volunteer opportunities, I would look in the following places:
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In my district, based on community calendars, health system health fairs, and other activities in my area, I can reach out to the following places about a table, or participation opportunities:
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Now that I have completed this assessment, I believe my next steps should be:
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