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| **Send to District Chair by January 31**  | **Original Copy for Reporting** |
| **either electronically or one paper copy** | **PLEASE PRINT OR TYPE** |
| **REPORT FOR YEAR 20\_\_\_\_\_\_\_\_** |
| **LOCAL PUBLIC POLICY EDUCATION REPORT** |
| **January 1- December 31** |
| **District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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|  **PPE Chair:** | **PPE Term** |
|  |  |
| **Address: Street** | **City** | **Zip** |
|  |  |  |
| **Telephone No.** | **Email** | **Fax** |
|  |  |  |
| **Name of Organization Reporting:** | **Name of Affiliated Hospital:** |
|  |  |
| **Address: Street** | **City** | **Zip** |
|  |  |  |
| **1. Do you regularly communicate Public Policy with** |
| **a) local board Y or N** | **b) membership Y or N** | **c) administration Y or N** |
| **2. Do you have a regular calling committee for Legislative contact? Y or N** |
| **3. Number of total contacts made with legislators (both State and Federal) (accumulate on page 2)** |
| **a) by phone** |  | **b) by letter** |  | **c) in person** | **e) by email** |  | **d) postcard** |
| **4. How many newsletter articles did you write for:** |
| **a) Organization** |  |  | **b) Hospital** |  |  |  |
| **5. Do you receive and read WHA’s “Valued Voice”?**  **Y or N** |  **Do you pass “Valued Voice” on to others? Y or N** |
| **7. How many**  | **a) members of HEAT:** |  | **b) attended Advocacy Day:** |  |
| **9. Please list briefly the issues that you wrote, called or talked about this past year. (If needed, please use an additional sheet.)** |
| **Also, list the issues you would like to see a part of the PPE Program. (If needed, Please use an additional sheet.)** |
| **10. Did your local organizations hold a special event specifically regarding public policy issues this past year? [ Y or N ] If held, please attach a description of the event to your report.**  |
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| **Sign: Local Policy Chair** | **Date** |

 Local Report PPE Chair August 2020