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| Logo for Texas Governor's Committee on People with Disabillities | **Governor’s Committee on People with Disabilities (GCPD)**  **Policy Development Proposal** | |
| **Issue Description:**  Provide a background description of the issue you propose to address. This can be as brief or as long as you need. | | |
| **The policy proposal will require a change in:**  **Administrative Policy  Agency Rule    State Law**  **New Law  Other (e.g. public awareness campaign, etc.)**  **Describe**: If it requires a change in agency rule or state law, link to the rule or law. | | |
| **Explain how this is a common/frequent issue.**  Is it a one-off problem or something systemic? If known, provide evidence. | | |
| **Link to additional information:**  If you are aware of research, state law, rules, news articles or any other relevant background information insert those links. | | |
| **Identify GCPD Issue Area(s) affected:**  Choose an item. | | |
| **Describe the proposed policy or legislative solution:**  How should this issue be addressed? Is there a need for a new program or changes to an existing one? | | |
| **Legislative History:**  Were similar bills filed in the past- either in Texas or in other states? What prevented its success? Link to that legislation if possible. | | |
| **Explain the feasibility of this recommendation:**  The most successful policy proposals are practical, specific, and able to be supported by many different stakeholders. What successes and difficulties do you anticipate encountering? | | |
| **List any known cost factors (fiscal note). Show calculations.**  While this is not required, providing cost information can be helpful. | | |
| **State agency(ies) affected by proposal:**   * Click or tap here to enter text. * Click or tap here to enter text. * Click or tap here to enter text. | | |
| **Stakeholder groups likely to support this proposal:**   * Click or tap here to enter text. * Click or tap here to enter text. * Click or tap here to enter text. | | |
| **Stakeholder groups likely to oppose this proposal:**   * Click or tap here to enter text. * Click or tap here to enter text. * Click or tap here to enter text. | | |
| **Describe how affected groups will be impacted by proposed solution(s) (i.e., cities, counties, businesses, employers, etc.):**  Click or tap here to enter text. | | |
| **Recommended for GCPD policy recommendations:   Yes     No**  MOTION: GCPD staff use only | | |
| **Signature of GCPD Exec Director:** /s/ | | **Date:** |
| **Signature of GCPD Chairman:** /s/ | | **Date:** |
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| ***(For Office Use Only)***  Date of Initial Submission:  Date Recommendation was Updated:  Date Routed to Affected State Agency(ies) for Analysis: | |  |