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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.
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| **Stakeholder groups likely to support this proposal:*** Click or tap here to enter text.
* Click or tap here to enter text.
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| **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.
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| **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: |  |