



Commission on Racial Equity in Public Health

Nonpartisan Office of Legislative Management

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Racial and Ethnic Impact Statement REQUEST FORM

Pursuant to [PA 25-27](#), a Racial and Ethnic Impact Statement is Requested on:

Bill Number: _____ Date of Request: _____

Requesting Member(s): _____

Principal Contact (Name, Phone, Email): _____

Bill Title: _____

Parts of the Bill to be Analyzed: ☐ All ☐ Section(s): _____

Bill Version to be Analyzed and LCO Number: _____

Please submit this form to stephanie.costanzi@cga.ct.gov, Commission Analyst.

A feasibility determination will be emailed to the requesting member and/or principal contact within three days of this form's submission.

Commission Staff Only:

Feasibility Determination: _____

Executive Director Signature: _____ Date: _____