



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 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 nancy.becerra-cordoba@cga.ct.gov, Principal Commission Analyst.

A REIS feasibility assessment notice will be communicated to the requesting member within three days of this form's submission. The feasibility assessment will consider factors such as data availability, the scope of the bill or section(s) of the bill, the timing of session, and the Commission's capacity.

Commission Staff Only:

Feasibility Assessment Outcome and Date: _____