



## Policy Advocacy Intake Form

Thank you for reaching out to SurvJustice, a national not-for-profit organization that increases the prospect of justice for survivors in an effort to decrease the prevalence of sexual violence. As part of our mission, SurvJustice supports changemakers within communities to address sexual and other forms of gender-based violence.

| Part 1: Contact Information |  |   |  |
|-----------------------------|--|---|--|
| <b>Name:</b>                |  | <b>Affiliation:<sup>1</sup></b><br>(if any) |  |
| <b>Phone:</b>               |  | <b>Email:</b>                               |  |
| <b>Website:</b>             |  |   |  |

| Part 2: Request for Assistance (please check all that apply) |                               |                          |                   |                          |                       |
|--|-------------------------------|--------------------------|-------------------|--------------------------|-----------------------|
| <input type="checkbox"/>                                     | Federal Legislation           | <input type="checkbox"/> | State Legislation | <input type="checkbox"/> | Federal Policy        |
| <input type="checkbox"/>                                     | State Policy                  | <input type="checkbox"/> | Campus Policy     | <input type="checkbox"/> | Consulting Group/Work |
| <input type="checkbox"/>                                     | Other (please describe below) |                          |                   |                          |                       |
|  |                               |                          |                   |                          |                       |

| Part 3: Personal/Organizational Background  |
|---|
| <b>Instructions:</b> Please give a brief background on yourself and/or your organization. |
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<sup>1</sup> Group, organization, legislature, government agency, etc.

Given our limited resources, policy advocacy will require compensation or recognition if it is a pro bono matter. Compensation is expected in the form of a consulting fee and/or covered travel expenses for the service. Recognition via media, marketing or advertisement may require a Memorandum of Understanding (MOU) with SurvJustice.

| <b>Part 4: Overview of Policy Advocacy Project and Need</b>                          |  |  |  |
|--|--|--|--|
| <u>Instructions:</u> Please summarize your project and how SurvJustice could assist. |  |  |  |
|  |  |  |  |

| <b>Part 5: Overview of Support Need</b>  |            |  |           |
|--|------------|--|-----------|
| <u>Instructions:</u> These questions help us gauge our resources and potential interest and ability in assisting with your request for policy advocacy services. |            |  |           |
| Does your request require the provision of financial or related resources?   | <b>YES</b> |  | <b>NO</b> |
| Would you or your organization be willing to enter into a memorandum of understanding (MOU) to create a partnership on a proposal related to your request?       | <b>YES</b> |  | <b>NO</b> |
| Do you or your organization/group already have resources to accomplish part of your request?   | <b>YES</b> |  | <b>NO</b> |
| <u>Instructions:</u> Please describe the resources your organizations has and/or the financial resources needed.   |            |  |           |
|  |            |  |           |

| <b>Part 6: Miscellaneous</b>  |
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| <u>Instructions:</u> Please provide us any other background you think is relevant for SurvJustice to consider your request. |
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