



## PROGRAM OVERVIEW

The Medicaid Leadership Academy provides leadership development through policy analysis for state legislators who serve in leadership positions on health and fiscal committees. The program is designed for legislators who are familiar with the basics of Medicaid policy and are interested in examining more complex issues. Leaders have opportunities to interact with peers from around the country as well as presenters from state Medicaid programs, federal agencies, public policy think tanks and health care provider communities.

## PARTICIPANT PROFILE

Dependent on funds raised, CSG will convene up to 30 Chairs and Vice Chairs serving on committees of jurisdiction including Health, Appropriations and Ways & Means.

## PARTNERSHIP OPPORTUNITY

CSG is providing a limited number of Associate members the opportunity to support and attend this policy academy. There are two levels of partnership.

### Lead Sponsor \$25,000

- Opportunity for two representatives from your company/organization to attend the academy, including all sessions, CSG organized meals and special events
- Opportunity to nominate state legislators for invitation
- Opportunity to nominate program and curriculum components
- Invitation to make brief remarks during the program
- Acknowledgement as a lead sponsor with company and representative information in materials
- Acknowledgment as a lead sponsor in social media postings, academy website and signage
- Advance registration list

### Sponsor \$15,000

- Opportunity for a representative from the organization to attend the policy academy, including all sessions, CSG organized meals and special events
- Opportunity to nominate state legislators for invitation
- Opportunity to nominate program and curriculum components
- Acknowledgement as a sponsor with company and representative information in materials
- Acknowledgment as sponsor on academy website and signage
- Advance registration list

## UNDERWRITING INFORMATION

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Check enclosed  Invoice me  ACH Transfer

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR ADDITIONAL INFORMATION, PLEASE CONTACT:

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