

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: April 11, 2019 _____

Name: Jeremy Hollon _____

Are you representing: Yourself _____ Organization

Organization (If Applicable): Community Refugee & Immigration Services (CRIS) _____

Position/Title: Associate Director of Community Partnerships _____

Address: 1925 E. Dublin-Granville Rd, Suite 102 _____

City: Columbus _____ State: Ohio _____ Zip: 43229 _____

Best Contact Telephone: (614) 273-5618 _____ Email: jhollon@cris-ohio.org _____

Do you wish to be added to the committee notice email distribution list? Yes _____ No

Business before the committee

Legislation (Bill/Resolution Number): _____

Specific Issue: Finance Subcommittee on Primary and Secondary Education _____

Are you testifying as a: Proponent _____ Opponent _____ Interested Party

Will you have a written statement, visual aids, or other material to distribute? Yes No _____

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? 7-10 minutes _____

Please provide a brief statement on your position:

Support for the continued funding of the Ohio Department of Education Community Connectors grant funding.

Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.