



RESOLUTION COVER SHEET

This cover sheet must accompany any resolution proposed for action by delegates at the New York State PTA Convention.

DEADLINE: APRIL 15 of the Convention Year

The resolution submitted must meet the criteria listed under **Submitting a Resolution** before the resolution can be considered by the Convention.

TITLE OF RESOLUTION: _____

Originating Group Name: _____

Originating Group Code #: _____ **Unit** _____ **Council** _____ **Region** _____

Resolution was adopted by majority vote on: _____

By Executive Board _____ General Membership _____

Signatures: _____
President/Region Director Secretary

CONTACT PERSON FOR ORIGINATING GROUP:

Name: _____

Address: _____ City _____ Zip _____

Telephone: (_____) _____ E- mail: _____

CHECKLIST FOR PROPOSED RESOLUTION:

- _____ In accordance with PTA Objects and Policies
- _____ Not already covered by New York State PTA "Where We Stand"
- _____ Issue of Statewide Concern
- _____ NARRATIVE SUMMARY included
- _____ TABLE OF CONTENTS documenting each *Whereas* clause with three background sources
- _____ Background source material lettered and highlighted/underlined
- _____ Signed by President/Region Director
- _____ Signed by Secretary
- _____ Submitted in triplicate

FOR NEW YORK STATE PTA USE ONLY

Date Received: _____

Action: Return to Sender _____ Because _____

Referred to Executive Committee _____