RESOLUTION COVER SHEET

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

DEADLINE: APRIL 1 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 ____________________________________________