



**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 \_\_\_\_\_