|  |  |
| --- | --- |
| **Title:** | Click or tap here to enter text. |
| **Submitted by:** | Click or tap here to enter text. |
| **Control Number:** | Click or tap here to enter text. |
| **Email Address:** | Click or tap here to enter text. |
| **Phone Number:** | Click or tap here to enter text. |
| **Date Submitted**  | Click or tap to enter a date. |

**Recommendation**

Click or tap here to enter text.

**Rationale**

Click or tap here to enter text.

**Financial Impact**

**The recommendation will have a financial impact on:**

**Impacts**: Choose an item.

 **Estimated financial impact: Annual:**[ ]  **One Time:** [ ]

**Operational Impact**

**The recommendation will have an impact on:**

**Impacts**: Choose an item.

**If you selected Other explain in detail below:**

 **The explanation for “Other”:** Click or tap here to enter text.

***Recommendation Committee Use Only***

*Date Recommendation Voted on by Chapter*: Click or tap to enter a date.

*Recommendation*: Passed: [ ]  Failed: [ ]

***If Recommendation is Passed, forward copy to website team for archival posting***

Submit the completed form to: **2tallque@comcast.net**