**COVER SHEET FOR SUBMITTING RESOLUTIONS**

All resolutions packets must be RECEIVED electronically in PDF format at resolutions@pta.org no later than 11:59 PM EST on October 15, prior to the year of the convention in which the resolution will be voted upon (if accepted by the PTA Board of Directors). Additionally, the resolution (page 3 of the packet) must also be submitted in Word format.

NO FACSIMILE (FAX) OR HARD COPY SUBMISSIONS WILL BE ACCEPTED.

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| --- | --- | --- | --- | --- | --- | --- |
| Resolution title: | | | | | | |
| Rationale: Attach a separate sheet giving rationale to support the resolution by National PTA. The rationale must include: problem the resolution addresses; what the resolution would do to eliminate or reduce the problem; and why National PTA should take the recommended action | | | | | | |
| Name of submitting group: | | | | | PTA National ID#: | |
| Check appropriate box | | | | | | |
| Local  Council  District/Region  State  National | | | | | | |
| Has this resolution been adopted by a state PTA convention body? | | Yes | | | Date: | No |
| A resolution from a local PTA, council, or district/ region becomes a state resolution if it has been adopted at the state convention. The state PTA should then be the group that submits it to National PTA. | | | | | | |
|  | | | | |  | |
| Signature of Submitting Group President or National Committee Chairman | | | | | Date | |
|  | | | | | | |
| **If a local PTA, council, or region/district is submitting directly to National PTA, this section must be completed by the state PTA:** | | | | | | |
| Is the resolution being submitted by a PTA constituent body in good standing? | | | | | Yes | No |
|  | | | | |  | |
| Signature of State President | | | | | Date | |
| Please provide the name of a person to contact if National PTA’s Resolutions Committee wishes to contact the submitting group: | | | | | | |
| Name |  | | | | | |
| Address |  | | | | | |
| City |  | | | | | |
| Phone # |  | | Email |  | | |