

RESOLUTION SUBMITTAL COVER SHEET



This report is required to be in the Tennessee PTA State Office no later than February 15.
Send to: Tennessee PTA, 1905 Acklen Avenue, Nashville, TN 37212

www.tnpta.org

ATTACH TO FRONT OF RESOLUTION

Please complete this form and attach to each resolution being submitted to the State Resolutions Chairman for consideration at the Tennessee PTA Convention. Email the State Office (ptastateoffice@tnpta.org) to the attention of the Resolutions Chairman for any questions regarding your submission.

Resolution criteria can be found on the Tennessee PTA website at www.tnpta.org/resolutions.html

Date _____

Resolution Title _____

Name of submitting PTA/PTSA _____

This resolution is from (check one): ___ PTA Member ___ Local PTA unit ___ PTA Council
___ PTA Region ___ Tennessee PTA Committee ___ Tennessee PTA Board of Managers

Name of President/Contact Person _____

Phone _____ Email _____

Address _____ City _____ Zip _____

Council _____ County _____ Region _____

Signed by _____ President or person submitting resolution

FOR TENNESSEE PTA USE ONLY

CHECKLIST:

Is the proposed action:

- _____ In harmony with the Basic Policies and Purposes of the PTA and statewide in scope?
- _____ Submitted with Resolutions Submittal Cover Sheet?
- _____ Submitted with a table of contents?
- _____ Typed with consecutively numbered pages?
- _____ Accompanied by a narrative summary of the rationale?
- _____ Submitted with background information?
- _____ Referenced for each statement with brackets in the background information?
- _____ Signed by the President or person submitting resolution?