BE IT RESOLVED THAT AzDHA:

Justification:

Submitted by:

**Person to contact:**

EMAIL:

PRIMARY PHONE:

I have the authority to act upon the Committee’s recommendations:

____________________________________________________________

Signature

**Second person to contact:**

EMAIL:

PRIMARY PHONE:

I have the authority to act upon the Committee’s recommendations:

____________________________________________________________

Signature

Email completed form to president.azdha@gmail by September 14, 2023. AzDHA must be able to contact the individual(s) listed on the submission form. That person must have the authority to act upon AzDHA’s questions or recommended actions and will be responsible for communicating results to all makers listed.

COMMITTEE RECOMMENDATION:

___Accepted for consideration
___Conflicts with current Bylaws or Policy
___Duplication of current Policy
___Asked to withdraw
___Ongoing procedure