

CONVENTION RESOLUTION ACTION COVER SHEET

This cover sheet is required for any resolution proposed for action at the California State PTA convention. Please refer to the *California State PTA Toolkit*, section on PTA Management, 2.9 Convention Resolution Process.

Complete BOTH sides. Resolutions to be considered except emergency resolutions must meet both due dates.

Phase 1: By November 1, this "Action Cover Sheet" and a print copy, fax or e-mail transmittal of the DRAFT resolution, background summary and initial list of resources must be received in the California State PTA office before the close of business at 5:00 p.m. (E-mail to info@capta.org and resolutions@capta.org.).

Phase 2: By January 15, this "Action Cover Sheet" and the FINAL resolution, printed and preferably organized in a binder with tabs with electronic transmittal, CD or flash drive, must be delivered to the California State PTA office before the close of business at 5:00 p.m. (E-mail to info@capta.org and resolutions@capta.org.).

In order for a resolution to be considered by the California State PTA resolutions committee, the following questions must be answered in full.

Title or Subject of Resolution:

Originating body:

- Unit Council District PTA Interdistrict Committee State Board of Managers

Originating body (Complete for Draft submittal, due November 1): _____

District PTA _____ Council _____

PTA President _____ Telephone (____) _____

Address _____

City _____ Zip Code _____

Resolution Contact _____ Telephone (____) _____

E-mail _____

Required for January 15 FINAL submittal (Phase 2).

As the resolution passes through channels, each PTA organization is required to sign below. Each organization, except the originator of the resolution, must write a separate cover letter indicating action taken.

<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE	<input type="checkbox"/> NO RECOMMENDATION	
_____ Signature of Unit President	_____ Signature of Unit Secretary	_____/_____/_____ Date	
<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE	<input type="checkbox"/> NO RECOMMENDATION	<input type="checkbox"/> COVER LETTER ATTACHED
_____ Signature of Council President	_____ Signature of Council Secretary	_____/_____/_____ Date	
<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE	<input type="checkbox"/> NO RECOMMENDATION	<input type="checkbox"/> COVER LETTER ATTACHED
_____ Signature of District PTA President	_____ Signature of District PTA Secretary	_____/_____/_____ Date	

If other PTAs support this resolution, please list and include their letters of endorsement.

CHECK LIST

Please read the *Toolkit*, section 2.9, Convention Resolution Process

Complete this checklist for both the November 1 DRAFT resolution and the January 15 FINAL resolution submittals.

Is the resolution:	Yes	No
In accordance with the Purposes and basic policies of the PTA?	<input type="checkbox"/>	<input type="checkbox"/>
Related to education, health and welfare of children and youth?	<input type="checkbox"/>	<input type="checkbox"/>
Concerned with an issue that is statewide and/or national in scope?	<input type="checkbox"/>	<input type="checkbox"/>
Accompanied by substantiating background material?	<input type="checkbox"/>	<input type="checkbox"/>
Accompanied by a brief narrative summary?	<input type="checkbox"/>	<input type="checkbox"/>
Accompanied by table of contents and index of background material?	<input type="checkbox"/>	<input type="checkbox"/>
Related to any California State PTA Board of Managers Position Statement?	<input type="checkbox"/>	<input type="checkbox"/>
Give the title _____		
Related to any previously adopted California State PTA convention resolution?	<input type="checkbox"/>	<input type="checkbox"/>
Give the title _____		
Related to any previously adopted National PTA convention resolution?	<input type="checkbox"/>	<input type="checkbox"/>
Give the title _____		
Related to any National PTA Board Position Statement?	<input type="checkbox"/>	<input type="checkbox"/>
Give the title _____		

How does the resolution relate to any of the above-checked items?*

*Attach additional sheet, if necessary.

DO NOT WRITE IN THIS SPACE — FOR CALIFORNIA STATE PTA COMMITTEE USE ONLY

CALIFORNIA STATE PTA ACTION

Date DRAFT Received: _____ Date FINAL Received: _____

Committee and Board of Managers Action:

<input type="checkbox"/> Referred to convention	Comments _____ _____ _____
<input type="checkbox"/> Referred to legislation committee	
<input type="checkbox"/> Referred for study	
<input type="checkbox"/> Returned to originating body	

Convention Action:

Adopted Failed Amended (copy attached)

Referred to _____

Sent to National PTA