**RESOLUTION**

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| **RESOLUTION TITLE:**  |

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| **SPONSORING CDs (or entities):**  |

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| **AREA:** 🞏 Northwest 🞏 Southwest 🞏 North Central 🞏 South Central 🞏 Northeast 🞏 Southeast |

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| **RESOLUTION TYPE:**🞏 **Policy** (setting a new or amended internal policy directive)🞏 **Position Statement** (declaring an official WACD position)🞏 **Recognition** (recognizing an entity for notable contributions)🞏 **Study** (identifying research or investigation deemed necessary by WACD members) |

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| **RESOLUTION ACTION AGENCY** (check any option that applies):🞏 **WACD****🞏 WSCC****🞏 OTHER STATE AGENCY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****🞏 NRCS****🞏 NACD (See Page 2)****🞏 NON-STATE/FEDERAL PARTNER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **TYPE OF TEXT OF RESOLUTION** (check all boxes that apply):🞏 **Technical change**. (Changes address grammar, punctuation, sentence flow and makes no substantive change(s) to existing policy.🞏 **Substantive change to existing policy**. If in doubt, check the box.🞏 **New policy**. |

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| **BACKGROUND DESCRIBING THE ISSUE/PROBLEM STATEMENT:**  |

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| **PROPOSED RESOLUTION LANGUAGE:**  |

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| **IS THERE A WACD FINANCIAL IMPLICATION TO IMPLEMENT THE POLICY? (Funding required, staff time, etc.)** 🞏 **NO**🞏 **YES** (briefly explain to the best of your ability): |

**If the proposed resolution may be considered for adoption by NACD, please complete the sections below to the best of your ability. If the resolution is adopted at the state level, WACD or the NACD National Director will work with you in finalizing the resolution in NACD-acceptable format.**

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| **PROPOSED RESOLUTION LANGUAGE:** If this resolution is adopted by NACD and included in the NACD Policy book it must clearly and concisely, using active verbs, state the specific action(s) expected of NACD; must be based on fact, avoiding opinions and beliefs; the statement should make sense even without the background. (THIS IS GENERALLY NOT WHERE A “WHEREAS” STATEMENT WOULD GO) |

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| **SPONSOR(S) ACTIONS TO DATE:** (What has been done to address the issue; which agencies and organizations have addressed it also.) |

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| **IMPACT ON EXISTING NACD POLICY (if any):** (Review NACD Policy Book for existing policies covering this issue.) |
| IF APPROPRIATE, POTENTIAL FISCAL IMPACT ON NACD’s OR A FEDERAL AGENCY BUDGET:(*E.*g., travel, training, equipment, etc.) |

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| MEETING AND DATE ADOPTED BY SPONSORING ENTITY: (*E.*g., WACD annual meeting date) |

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| AUTHORIZED SIGNATURE(S) AND TITLE(S): (Type name and Title)WACD National Director (NACD board member) |