|  |  |  |  |
| --- | --- | --- | --- |
| Resolution No. |  |  [Type] |  |
| Report: | [Report] | Date Submitted: | [Date Submitted] |
| Submitted By (Name): | Click or tap here to enter text. |
| District | Choose an item. |
| Email address | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Submitted By: | Choose an item. |
| Reference Committee: | Choose an item. |
| How does this resolution increase member value: [Required] |
| **Submit form to** **hod@mndental.org** **or fax 612-787-8500** |
| **Must be submitted on this form no later than July 17, 2020 to be considered without a 2/3 vote at the House** |

Topic:

**Background:** Click or tap here to enter text.

**Resolution**

 **Resolved,**

**Fiscal Impact:** MDA will assign

**Strategic Plan Goal** Choose an item.

**BOARD OF TRUSTEES COMMENTS:**Click or tap here to enter text.

**BOARD OF TRUSTEES RECOMMENDATIONS:**Click or tap here to enter text.

**NOTES**