|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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**](mailto: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**