



COMMITTEE ACTIVITY EVALUATION & RECOMMENDATION FORM

TO: MEMBERS OF THE BOARD OF DIRECTORS

DATE: _____

SUBMITTED BY: _____, Chair of _____ Committee

MEETING DATE: _____

- _____ Total Number of Members on the Committee
- _____ Number of Committee Members Present
- _____ Number of Committee Members Required for a Quorum (*refer to bylaws*)

_____ Action Item Number (refer to the Annual Action Plan for the corresponding number OR leave blank if a new activity is being proposed)

Name of Activity _____

Description _____

COMMITTEE RECOMMENDATION

Select *only one*

- _____ Propose a new activity
- _____ Continue activity as is
- _____ Continue but modify (see comments below)
- _____ Discontinue

Comments: _____

_____ TOTAL # VOTING
_____ In Favor
_____ In Opposition
_____ Abstaining

Attested by: _____ Date _____
Signature of Committee Chair

Attested by: _____ Date _____
Signature of Committee Member