



THE WALTERS COMMITTEE ACTIVITY EVALUATION / RECOMMENDATION FORM

TO: MEMBERS OF THE BOARD OF DIRECTORS

DATE: _____

SUBMITTED BY: _____, Chair of _____ Committee

____ Total Number of Members on the Committee

____ Number of Committee Members Present at Meeting

____ Number of Committee Members Required for a Quorum (refer to bylaws)

____ Action Item Number (refer to the Action/Business /Strategic 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 (see comments below)

____ Continue activity as is

____ Continue but modify (see comments below)

____ Discontinue (see comments below)

Comments: _____

____ TOTAL # VOTING
____ In Favor
____ In Opposition
____ Abstaining

ATTESTED BY:

Signature of Committee Chair _____ Date _____

Signature of Committee or Staff Member _____ Date _____