Please Type Or Print in Ink See Back For Instruction

SEANC

POLICY PLATFORM MODIFICATION FORM

**District:**

**Issue or concern:**

**Language for amendment or proposed objective:**

|  |  |  |
| --- | --- | --- |
| **Need for proposed change:** | | |
| **ACTION:** | **Favorable** | **Unfavorable** |
| District Policy Platform Committee | | |
| District meeting |  | (originator/date) |
| State Policy Platform Committee | | |
| Annual Convention Comments: (District Policy Platform Chair/date)    (District Chair/date) | | |

*Statement Objective* / *Category Amend* Delete *Add*

Estimated cost: Source of estimate: Source of funding: Number of employees affected:

Agency responsible for implementation:

*Foundation*

------------------------------SEANC USE ONLY--------------------------------

IMPORTANT: One (1) completed copy must be mailed or brought to the SEANC Office within five (5) working days following the district’s adoption. Mail to: SEANC Policy Platform, P.O. Drawer 27727, Raleigh NC 27611-7727. Contact SEANC for more information at 919-833-6436 locally or 1-800- 222-2758.

Revised 2000