COMMITTEE RECOMMENDATION FORM

Committee:

Date:

Chairman & Vice Chairman:

Committee Recommendation:

Purpose of Recommendation:

Executive Committee Recommendation: .

Program Cost:

Direct Staff Time: **# of day's** _____

Can the proposed recommendation be implemented within the
limits of the currently approved budget for the program?   **Yes**____ **No**_____

If no, additional budget requested: **$_____**

Projected total program cost (including original budget):   **$_____**