New Hampshire Dental Society

Board Agenda Item Submission Form - Blank Fillable Form

Manual alternative to the online form

Directions

Complete only the sections that apply. Choose Discussion Item when no formal Board action is requested at this meeting; choose Board Action / Motion when formal action is requested. Sections 4-6 primarily apply to Board Action / Motion submissions. Attach additional pages if more space is needed.

1. Submission

Brief title

Submitted by

Contact email

Date submitted

Council, committee, or group represented (optional)

Type of submission (select one)

- ◯ Discussion Item
- ◯ Board Action / Motion

Governing document involved (select one)

- ◯ None
- ◯ Policy Manual
- ◯ Bylaws
- ◯ Constitution
- ◯ Other

If a governing document is involved, proposed change (select one)

- ◯ Create new language
- ◯ Amend existing language
- ◯ Repeal / delete language

2. Background and rationale

Briefly explain what you are bringing to the Board, why it matters, and any relevant prior Board action. Include only the information Trustees need to understand the issue and proposed action.

Background and rationale

3. Discussion Item / Proposed Board Action or Resolution

For a Discussion Item, state what the Board is being asked to discuss or consider. For a Board Action/Motion, state the exact action the Board is being asked to approve.

Discussion item or proposed action

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Section 4 - Complete when governing language is affected

4. Exact governing-document changes

Current text is needed for an amendment or repeal. Proposed text is needed for a new provision or amendment. Attach additional pages if needed. Central Office may prepare the final redline from the submitted text.

Document and section

Current text

Proposed text

Summary of changes / marked changes (optional)

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Section 5 - Complete when a fiscal impact exists

5. Fiscal impact

Complete the financial fields that apply. No automatic calculation is performed in this manual PDF.

Fiscal impact (select one)

◯ No fiscal impact ($0) ◯ Has a fiscal impact

One-time cost

Annual recurring cost

Total known commitment / 3-year projection

Is the cost already included in the approved budget? (select one)

◯ Yes ◯ Partially ◯ No

Budget line (if included or partially included)

Proposed funding for any unbudgeted amount (check all that apply)

☐ Reallocate approved funds

☐ Contingency

☐ Reserves

☐ External funding - sponsorship, endorsement, grant, etc.

☐ New or increased dues / fees

☐ Other new revenue / funding source

☐ Funding source not yet identified

Reallocation source budget line

Funding details

Recurring commitment term (select one)

◯ Yes, defined term ◯ No / ongoing

Term

Units (select one)

◯ Years ◯ Months

How the cost was estimated / Cost basis

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Section 6 and Office Use

6. Operational / staff impact

Complete this section for a Board Action/Motion. A proposal can require meaningful work even when the direct dollar cost is small.

Operational / staff impact (select one)

- ◯ No meaningful staff or operational impact
- ◯ Has a staff or operational impact

Briefly describe the impact

Who would be responsible for carrying this out if approved?

Office Use - Review / Routing

Central Office reviews submissions for completeness and routes them for appropriate review before Board materials are prepared. Review is advisory; it does not constitute approval of the proposal or limit the Board's authority to consider it.

Review / routing (check all that apply)

- ☐ None
- ☐ Treasurer
- ☐ Budget & Finance
- ☐ Central Office
- ☐ Legal
- ☐ Governance
- ☐ Relevant council / committee
- ☐ Other

Date received | Received by | Board meeting date

Office notes

Disposition / outcome (select one)

- ◯ Discussed / no action
- ◯ Returned for information
- ◯ Referred
- ◯ Adopted
- ◯ Adopted as amended
- ◯ Not adopted