

EVALUATING RECOMMENDATIONS: A WORKSHEET

DATE: _____

COMMITTEE: _____

RECOMMENDATION: _____

RELATIONSHIP TO THE MISSION, VISION AND VALUES: _____

RELATIONSHIP TO THE STRATEGIC PLAN: _____

RELATIONSHIP TO COMMITTEE'S GOALS: _____

COSTS ASSOCIATED WITH ADOPTING THIS RECOMMENDATION: _____

MANPOWER NEEDS:

PRIORITY LEVEL: ___ 1 (CRITICAL) ___ 2 (VALUABLE) ___ 3 (NICE ADDITION)

PROS OF ADOPTING THIS RECOMMENDATION: _____

CONS OF ADOPTING THIS RECOMMENDATION: _____

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OTHER COMMITTEES THAT MIGHT HAVE VALUABLE INSIGHT REGARDING THIS PROPOSAL: _____

STAFF MEMBERS THAT MIGHT HAVE VALUABLE INSIGHT REGARDING THIS PROPOSAL: _____

STEPS REQUIRED FOR THE IMPLEMENTATION OF THIS RECOMMENDATION?

SENT TO _____ ON _____
(INDIVIDUALS/COMMITTEES) (DATE)

(INDIVIDUALS/COMMITTEES) (DATE)

(INDIVIDUALS/COMMITTEES) (DATE)

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RESPONSES FROM: _____
(INDIVIDUAL/COMMITTEE)

If this recommendation requires or would benefit from any resources from your committee please explain:

If we have missed an important consideration, what is it? _____

Other:

If you would not vote for the adoption of this recommendation as it stands now, how would you suggest changing it:
