



NDFB RESOLUTION FORM

County Name: _____ District: _____

Title or ID #: (State subject of the Resolution) _____

(If this is an expiring policy you're submitting as new policy, please indicate NDFB Policy ID# here)

Problem: (Define the Problem) _____

Impact: (Explain what this issue means to the County or Community) _____

Rationale: (Background of Resolution) _____

Solution: (Summarize the Proposal) _____

State _____ or National _____

Resolution: (To formalize a resolution, please note the following action verbs)

We: (support, recognize, believe, oppose, urge, recommend, favor, encourage, commend) _____

We will: (continue, defend, work) _____