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)