

Date

National Black Caucus of State Legislators  
2019 RESOLUTION SUBMISSION FORM

Resolution Number:

(For Official Use only)

PROPOSED RESOLUTION -2019

Resolution Title

Requested Policy Committee Assignment

Sponsor(s) of Resolution

Submitted By:

Last Name

First Name

Title

State

E-mail Address

Phone Number

Alternate E-mail Address

Alt. Phone Number

Contact Person

Phone Number

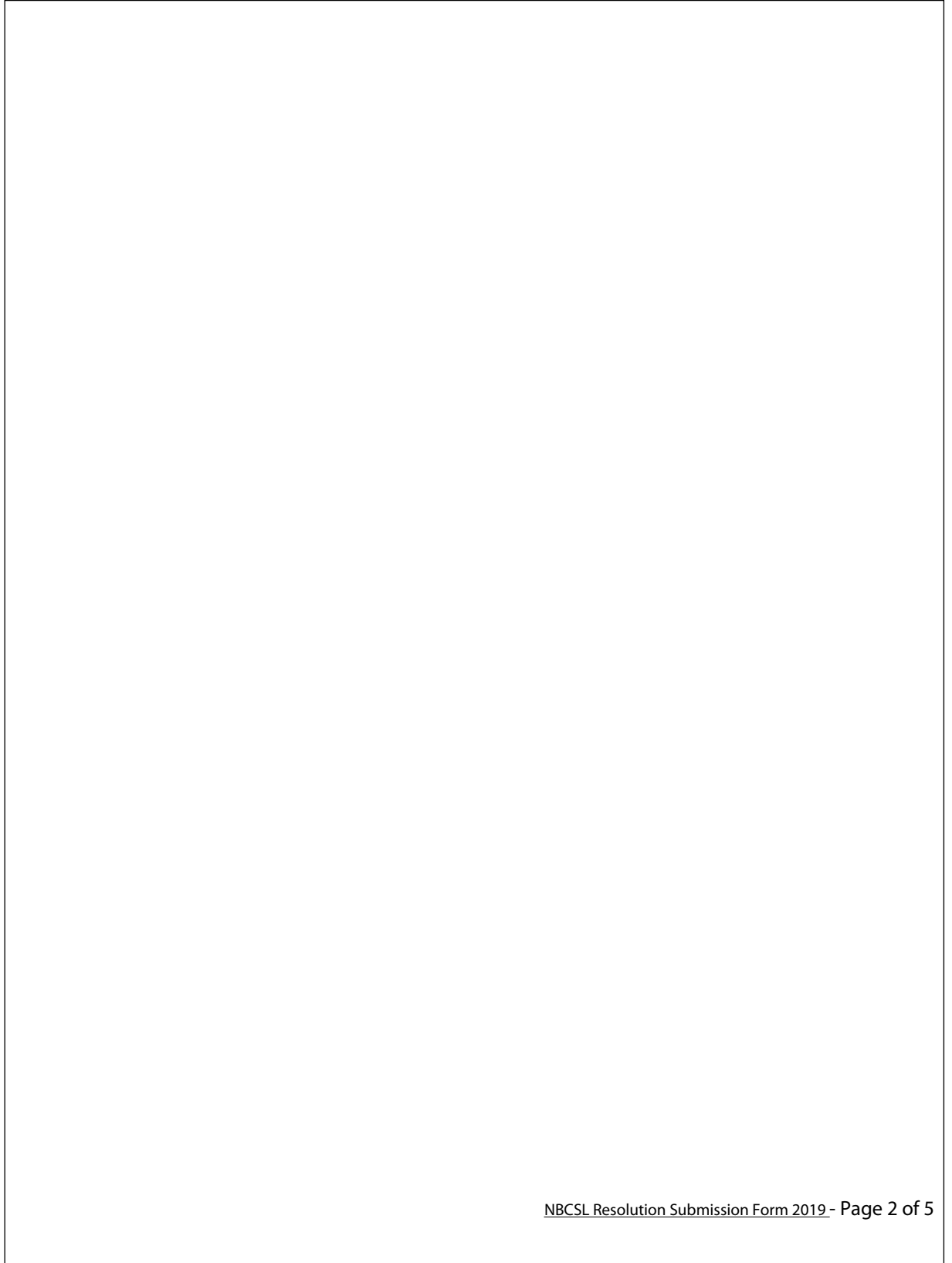
E-mail Address

State

Comments: (For  
Official Use only)

## PROPOSED RESOLUTION -2019

As an introduction to your submission, please provide a summary about your Policy Resolution, how it is national in scope and why NBCSL should consider it for ratification.



**PROPOSED RESOLUTION -2019**

**Please commence the input of your Resolution on this page and continue to the other pages if required..**

A large empty rectangular box intended for the user to input their proposed resolution text.

**PROPOSED RESOLUTION -2019**

Resolution Submission continued....

[Empty box for resolution submission]

**PROPOSED RESOLUTION -2019**  
**Resolution Submission continued....**

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