

Organization Resolutions: Tracking and Status

APPROVED	Organization Name	Contact Name	Title/Role	E-mail/phone	Volunteer responsible to make contact and collect approved resolution	1st contact date	2nd contact date (if needed)	Org resource checklist? (Yes, see sheet 2)	Presentation requested?	Person doing presentation and date	Org willing to list name as coalition member?
	EXAMPLE Organizations										
X	ACS										
	ALA Regional Council										
	ALAM										
X	Allstate Insurance Company										
	American Heart Assoc.										
X	Black Ministerial Society										
	Cardiology PC										
	Chamber of Commerce										
X	Child & Family Resource Council										
X	Community Mental Health										
X	Fire Dept.										
X	Fraternal Order of Police										
	March of Dimes										
	Michigan Conference United Church of Christ										
X	Nicotine Anonymous										
	Offices of Children, Youth & Families										
X	Pulmonary Docs										
X	Respiratory Therapists Assoc										
X	SADD/STAND/PRIDE										
	Salvation Army Church										
X	School Board										
	SFELP										
X	TFM (Tobacco Free MI)										
X	United Way										

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[illegible]