

Regional: __yes__
 State: _____

RAC Recommendation Coversheet

Committee Name:			
Recommendation: (see attached sheet for details)			
Date presented to RAC:			
Revisions needed?		If so date resubmitted	
VOTING MEMBERS			
Date reviewed		Date Approved	
Notes			
DCF APPROVAL/IMPLEMENTATION			
Date sent to Exec. Mgt.			
Notes			
1 st Report back date			
2 nd Report back date			