

This form is for **INSTRUCTION ONLY**. Please download the electronic version of the “Proposal Form” found on the web site (www.ncims.org) to use to submit your Proposal. If you have problems, contact us at ncims.frye@outlook.com and we can e-mail you the Proposal Form.

38th NATIONAL CONFERENCE ON INTERSTATE MILK SHIPMENTS

Proposal #:

Committee:

| | No Action | Passed as Submitted | Passed as Amended |
|----------------|--------------|------------------------|----------------------|
| COUNCIL ACTION | | | |
| FINAL ACTION | | | |

Submit **ONLY ONE** proposal per form and per file saved. Identify your proposal(s) by naming the file with your first name initial followed by last name, without periods—e.g., John Smith = “JSmith.docx”. If you submit multiple proposals, add a number after your name, e.g., JSmith1, JSmith2, etc. **The deadline for RECEIPT of Proposals by e-mail, or USB flash drive, is January 13, 2023 (11:59 PM EST). Typed, handwritten or printed hard copy Proposals will not be accepted.**

Note: As you type, the entry area will automatically expand. Use as much space as needed in each section. Please do not type in the shaded areas. Arrows (▶) indicate where text should be entered, as appropriate. Please be as specific as possible when completing the Proposal to assist the Program Committee in assigning your Proposal to the proper Council.

A. Summary of Proposal

Provide a brief, one or two sentence description of your proposal. **PLEASE DO NOT USE TRACKED CHANGES FUNCTION or AUTO EDITING SOFTWARE FEATURES.**



B. Reason for the Submission and Public Health Significance and/or Rationale Supporting the Submission

Provide a detailed description of the background and purpose of your proposal. **PLEASE DO NOT USE TRACKED CHANGES FUNCTION or AUTO EDITING SOFTWARE FEATURES.**



C. Proposed Solution

Changes to be made on pages(s): of the (X – one of the following)

2019 PMO

2019 EML

2019 MMSR

2400 Forms

2019 Procedures

2019 Constitution and Bylaws

If changes are for the PMO write in Section number(s) and/or Appendix Letter(s) below.

For changes to the PMO, indicate the applicable Sections and/or Appendices below:

Section(s) (1-18)

Appendix (A-T)

Copy section of document to be changed. **Strike out text to be deleted and underline text to be added.** PLEASE DO NOT USE TRACKED CHANGES FUNCTION or AUTO EDITING SOFTWARE FEATURES.

Name:

Agency/Organization:

Address:

City/State/Zip:

Telephone

No.:

E-mail Address:

Send by e-mail as
a file attachment to: NCIMS@idfa.org

OR

Mail USB flash drive to: John Allan
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