FOLLOW THE **EASE IN CHANGE** PROCESS**:**

Explore

Ensure Excellence

Execute

Examinee

Engage

Council Proposal Form

**Name of Proposal:**  **Date**:

 **Council receiving proposal**: **Council chairperson:**

**Linked to strategic goal #:** Click here to enter text. **Submitted by:** Click here to enter text.

**◼ Problem you’re trying to solve:**

**◼ Proposed solution—ideal vision. How is this connected to our strategic plan? Describe the solutions you’ve brainstormed:**

**◼ How will others be positively impacted? Consider patients, staff, and community:**Click here to enter text.

**◼ Describe the opposing point of view, and the potential negative impact you’ve considered**:

**◼** Describe how you’ve involved other stakeholders, especially those who may be impacted by this proposal:Click here to enter text.

**⯃ STOP:** *If your idea affects just one department, you may not need a formal proposal to move it forward.
Consider whether this idea involves significant use of money or time or if it increases someone else’s work. If so, fill out the remainder of this form and forward it to the appropriate council.*

**◼** Describe your understanding of why this is currently happening the way it is: Click here to enter text.

**◼ Financial impacts of this proposal: (staff time, new costs, lost revenue, etc.)**Click here to enter text.

**◼** Recommendations for implementing this proposal: (who, what, where, when, how) + communication:Click here to enter text.

**◼** Additional materials or background the council may need to fully consider this proposal: Click here to enter text.

**◼** Other considerations: (Risks, Safety, Data, Human Resource, Public perception, Grants/Fundraising, Board/Federal Guidelines):Click here to enter text.

**◼** Personal commitment to seeing this proposal all the way through, despite setbacks: (scale of 1-10, 10 being extremely committed) Click here to enter text.

**⯃ STOP:** *Send your proposal to the appropriate council or committee for discussion and a decision.*

Desired timeline for hearing back on this proposal: Click here to enter a date.

(work this out with council and committee chairs)

Desired timeline for implementation (if successful): Click here to enter a date.

**◼** *To be filled out by chair of council or committee that is the first to hear this proposal:*

What is the date of your group’s decision?

What steps remain before an action plan can be developed? (Check all that apply.)

 🞏 This proposal goes to another council (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 🞏 This proposal goes to a committee (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 🞏 This proposal goes to the Strategic Integration Committee.

 🞏 This proposal goes to the board of directors.