ABIS Parent Council Business Case

Name:
Date:
Description of Idea (Please describe the idea you have/ the problem you are trying to address with your idea.)
Is this a safety related item: Yes No
Resources Required (who needs to be involved, volunteers needed):
Estimated cost (material & labour up front and ongoing maintenance costs):
Estimated time required to complete solution/event:
Impact (positive and negative impacts/who will benefit from this idea? Are there any risks?

Committee Lead Review (review and comments from the lead member of the applicable committee prior to submission for council approval):		
This section is to b	e filled out at by the Parent Council Cha	air / Co-Chair
Parent Council Comments (com	ments relating to the proposal discussed durin	ng the parent council meeting):
Parent Council Vote Result	· 6•	
	o, DECLINED	
Print Name	Sign	Date
Principal		
Co-Chair		
CO-Chan		
Co-Chair		