FORM: B

The California Association of Marriage & Family Therapists Los Angeles Chapter P.O. Box 480119, Los Angeles, CA 90048 T 323.964.3200

SIG CREATION: PROPOSAL & ACTION PLAN

Please complete this digital form, and email it to the SIG LIASON (<u>danielfactor@me.com</u>) for placement on the agenda of the next available Executive Board meeting.

Today's Date:	For office use:	Approved date	
Name of SIG:			
SIG Chair:			
Phone:			
Email:			
Check 'Yes' to confirm you've read the SIG User Guide:		Yes	No
SIG Chair:			
Phone:			
Email:			
Check 'Yes' to confirm you've read the SIG	User Guide:	Yes	No
PLEASE STATE THE FOCUS OF YOUR SIG			

ACTON PLAN (i.e. List tasks to be completed to implement SIG with estimated completion date)?

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WHEN DO YOU ANTICIPATE ANNOUNCING YOUR LAUNCH DATE? (Please explain what you feel needs to be in place in order to announce your launch.)

WHAT PARTICIPATION AND/OR INITIAL SUPPORT DO YOU EXPECT TO NEED FROM LA-CAMFT LEADERSHIP TO LAUNCH?

DO YOU ANTICIPATE IMMEDIATE FINANCIAL NEEDS?

PLEASE USE ADDITIONAL SPACE TO ADD ANY COMMNENTS YOU WISH TO INCLUDE, REQUESTS YOU WISH TO MAKE, OR IF YOU WISH TO OFFER FEEDBACK ON THE SIG CREATION PROCESS

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