## MTG PROPOSAL FORM

Return Form to:

Manager of Research & Technical Services

ASHRAE

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E-mail: morts@ashrae.net

**Initial Submission Date: Click or tap here to enter text.**

**Revised Submission Date: Click or tap here to enter text.**

**Proposer Name & Email Address:**

**Click or tap here to enter text.**

**MTG Title**

**Click or tap here to enter text.**

**MTG Purpose**

**Click or tap here to enter text.**

**MTG Scope**

**Click or tap here to enter text.**

**Background**

Click or tap here to enter text.

**Problem Statement & Desired Deliverables**

Click or tap here to enter text.

**Anticipated Timeline & Suggested Sunset Date**

Click or tap here to enter text.

**Impact on Other TC/TG/TRG/MTGs**

Click or tap here to enter text.

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**Proposed Roster**

Requirements below apply to MTG Rosters Only:

1. Only one person from each TC/TG/TRG or non-TC group participating in MTG may serve as voting member.
2. The Chairs or leaders of participating TC/TG/TRG s or non-TC groups will designate the MTG member to represent their group with a vote on the MTG.
3. Alternate Members are nominated by the MTG Chair, and there are no restrictions on the number or affiliations of nominees
4. Alternate Members are expected to participate in MTG activities and attend meetings when possible.
5. An Alternate Member normally has no right to vote at the MTG level, but can vote at the MTG subcommittee level
6. An Alternate Member may be given proxy authority, however, by a MTG voting member to vote in his or her absence so that groups participating in the MTG are always represented in a MTG vote.
7. Chair & Vice Chair must be ASHRAE members
8. It is recommended that the proposed Leadership team review the ASHRAE Leadership Development Auto-Tutorials ([link](https://www.ashrae.org/technical-resources/technical-committees))

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| --- | --- | --- | --- | --- | --- |
|  | Position | Person’s Name: | TC/TG/TRG or Non-TC Group Affiliation | User, General, or Producer | ASHRAE Member # |
| 1 | Chair: |  |  |  |  |
| 2 | Vice-Chair:  |  |  |  |  |
| 3 | Voting Member: |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 | ***Alternate Member:*** |  |  |  |  |

**TAC USE ONLY:**

Date Received: Date Sent to TAC/FP: Meeting Date: Approved? Yes No

**Responses to TAC Feedback/Comments**

Include questions/responses from TAC, if this is an updated version.