

2022 Northern Illinois Synod Assembly
Anticipated Implementation Analysis for Assembly Resolutions

(This resource impact form must accompany any Resolution submitted)

Resolution Title: _____

Anticipated financial cost for implementation of resolution, if adopted, for:

Synod Organization: _____

Congregations: _____

Anticipated staff time or other personnel implications of resolution, if adopted, for:

Synod Organization: _____

Congregations: _____

Name of person completing this form: _____

Email address: _____ **Cell phone:** _____