**SWATeam Recommendation**

Name of SWATeam:

SWATeam Chair: Date Submitted to iSEE:

Specific Actions/Policy Recommended (a few sentences):

Rationale for Recommendation (a few sentences):

Connection to iCAP Goals (a few sentences):

Perceived Challenges (a few sentences):

Suggested unit/department to address implementation:

Anticipated level of budget and/or policy impact (low, medium, high):

Individual comments are required from each SWATeam member (can be brief, if member fully agrees):

|  |  |
| --- | --- |
| Team Member Name | Team Member’s Comments |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Comments from Consultation Group (if any; these can be anonymous):

Explanation and Background (can be supplied in an attachment):