**iCAP Team Recommendation**

Name of iCAP Team:

iCAP Team chair(s): Date submitted to iWG:

Recommendation title:

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*For internal use only*: Date reviewed by iCAP Working Group:

Specific actions/policy recommendation:

Suggested unit/department to address implementation:

Rationale for recommendation:

Connection to iCAP goals:

Perceived challenges:

Anticipated timeline of implementation:

Anticipated budget (identify if cost is up-front or continuous):

Individual comments are required from each SWATeam member (one or two sentences):

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| --- | --- |
| Team Member Name | Team Member’s Comments |
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Further explanation and background (can be supplied in an attachment):

Comments from consultation group (if any; these can be anonymous):