

State of Minnesota ERG Application Form

Instructions:

Submit the completed form to Minnesota Management and Budget. Once approved, Minnesota Management and Budget will send notifications to proposed Chair regarding next steps in formalizing the Employee Resource Group. Questions? Please contact MMB.

Proposed name: _____

Executive Sponsor (appointed by Governor's Office): _____

Proposed Champion: _____

Proposed Chair/Co-Chairs: _____

Active participants and allies

Names of Participant	Phone Number	Email Address

What is your vision?

Provide a summary of your ERG objectives and the desired goals of the ERG.

What is your mission?

Provide a summary of who, what, and why your ERG would exist.

Work plan required?

Proposed Initiatives/Goals (during a 1 year period)	Impact – How will your ERG measure success? What are the measurable proposed goals?

Approval

Champion approval: _____

Executive Sponsor Approval: _____

Diversity Steering Committee Approval: _____

Date of approval:

MMB approval required for official operation

Date received:

Date Approved: