**RULE/SAP ACTION SUMMARY**

**Rule or SAP:** xxx

**Title:**  xxx

**Actual or Anticipated Number:** xxx

**New or Revised:** xxx

**Reason a new Rule/SAP is needed or why the revision of an existing Rule/SAP is needed (e.g., what the new or revision intended to accomplish):**

This SAP is being modified to reflect….

**List those who (category) will be affected by the adoption of the draft or revisions, and the likely impact to each:**

Enter information here.

**Does this supplement an existing System Regulation (if yes, which regulation):**

xxx

**List the contact information for questions or comments received during the review process:**

Enter theindividual responsible for answering questions, their email address and phone number.

**Identify any initiatives or actions associated with this draft or revision (e.g., an audit, a new project development, etc.):**

xxx.

 **Additional Information, FAQs, etc.:**

**xxx**