

Program/Activity Plan of Work



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| Officer/Chair Name: |
| Position: |
| Program/Activity Description: |
| Goal (what do want to accomplish with this program/activity): |
| Budget: |
| Milestone dates: |
| Space requested: |
| Set-up/equipment/technology requested: |
| Committee members: |
| Additional volunteers requested: |
| Social Media Messaging pertaining to program (minimum 5): |

Commitment:

1. If I am a delegate to state or national convention, or any other function where I represent Florida PTA, I will provide a written report for the president/newsletter.
2. I will keep a Procedure Book (written or electronic) to be turned over to my successor at the May board meeting.
3. I will attend all board meetings and functions. If I am unable to attend, I will contact the president.
4. I will provide articles for the e- newsletters by the designated deadline.
5. I will copy all correspondence relating to my Florida PTA committee to the president and president-elect.
6. I will obtain board approval for both budget and activity before starting any project.
7. I will communicate my progress to the president and president-elect by sharing monthly written reports for the duration of my activity.
8. I will submit two copies (one written, one electronic) of my end-of-year report to the president at the July board meeting.
9. I know that I am part of a team. If I find I need help in achieving our goals, I will request assistance.

| Signatures (or check off when completed or approved): | | Date: |
|---|--|-------|
| Chair | | |
| Vice President | | |