

**7th District PTA
Program Plan of Action**

Program _____

Chair _____ Contact Info _____

Co-Chair _____ Contact Info _____

Purpose/Goal _____

Time Frame _____

I. Plan of Action: *What are you planning to do?*

II. Proposed Budget: *(Attach separately if necessary)*

III. Communication Plan: *How will you get the word out? (Website, Email, Flyer, Newsletter, school sign, phone calls, bulletin board, etc.)*

Method	Time Frame
_____	_____
_____	_____
_____	_____

IV. Key Contacts: *Contact information for vendors, other committee members, etc.*

_____ - _____

_____ - _____

_____ - _____

V. Approval

Budget Amount _____ Exec. Board Approval _____