

FFA CHAPTER PROGRAM OF ACTIVITIES: FORM POA-1

DIVISION: (check one) Student Chapter Community

Name of committee: _____

Purpose of committee: _____

Committee members: _____

ACTIVITIES

GOAL(S)

Completion date: _____

Estimated income: _____

Estimated costs: _____

Chapter action taken: Approved Amended Rejected

Completion date: _____

Estimated income: _____

Estimated costs: _____

Chapter action taken: Approved Amended Rejected

Completion date: _____

Estimated income: _____

Estimated costs: _____

Chapter action taken: Approved Amended Rejected

Completion date: _____

Estimated income: _____

Estimated costs: _____

Chapter action taken: Approved Amended Rejected