**CMS PTSA PLAN of WORK**

**Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Group or Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Submitted to CMS PTSA Board: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Officer/Chair Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year:** 2018-2019

**Responsibilities/Duties:**

**Goal:**

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| **Specific Action Steps** | **Start Date** | **End Date** |
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| **Budget (cost to CMS PTSA)** | **Start** | **End** |
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|  **Benefit Impact (number of people to be helped)**  |  |  |
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| **Committee Members** |  |
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Should you have any questions with this plan of work please do not hesitate to contact me at email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name:

Title