



UNIT PLAN OF WORK - 2017/18 SCHOOL YEAR

DUE DATE: AUGUST 7, 2017

UNIT NAME: _____

OFFICERS:

PRESIDENT _____

TELEPHONE #: _____ e-mail _____

VICE PRESIDENT: _____

TELEPHONE #: _____ e-mail _____

SECRETARY: _____

TELEPHONE #: _____ e-mail _____

TREASURER: _____

TELEPHONE #: _____ e-mail _____

COUNCIL DELEGATE: _____

TELEPHONE #: _____ e-mail _____

DAY AND TIME OF MONTHLY PTA BOARD MEETINGS:

PRESIDENT WAS TRAINED: (CHECK ONE)

- OKPTA TRAINING @ CMS MAY 2017
OKPTA CONVENTION JULY 2017
NOT TRAINED/TRAINED PRIOR TO MAY 2017

TREASURER WAS TRAINED: (CHECK ONE)

- OKPTA TRAINING @ CMS MAY 2017
OKPTA CONVENTION JULY 2017
NOT TRAINED/TRAINED PRIOR TO MAY 2017

LIST FUNDRAISING ACTIVITIES (ELEMENTARY-3, SECONDARY-4) AND PROJECTED INCOME DURING THIS SCHOOL YEAR:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

ATTACH A COPY OF UNIT'S JUNE 30TH BANK STATEMENT SHOWING BALANCE BROUGHT FORWARD AND LIST THE INTENDED ACTIVITIES/EVENTS FOR WHICH MONEY WILL BE USED:

- 1) _____
- 2) _____
- 3) _____

LIST SERVICE PROJECTS/FAMILY EVENTS/ENRICHMENT ACTIVITIES (3 TO 1 RULE):

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

The Unit agrees to abide by and adhere to the following procedures and stipulations:

- 1. A Plan of Work must be completed by the organization's authorized party and submitted to the Broken Arrow PTA Council prior to August 7th.
- 2. The Unit President and Treasurer must be trained annually.
- 3. The Unit certifies that it does not and will not discriminate with respect to its benefits, membership, programs, operation or organization on the basis of race, gender, age, religion, national origin or disability.

APPLICATION SUBMITTED ON THIS _____ DAY OF _____ 20_____

SIGNATURE OF AUTHORIZED OFFICER: _____

Email completed form to president@baptacouncil.org

Office Use Only:

Date received: _____