



NATIONAL  
FFA ORGANIZATION



## Program of Activities: Form 4

**DIVISION:**

**QUALITY STANDARD:**

**COMMITTEE:**

**ACTIVITY:**

**COMPLETION DATE:**

Financial Impact			
Estimated Expenses		Estimated Income	
Actual Expenses		Actual Income	
Expense Variance		Income Variance	

**ACCOMPLISHMENTS:**

**RECOMMENDATIONS:**

Submitted by: \_\_\_\_\_

(committee chairperson)

(date)

*For more information on Program of Activities development, review the POA Resource Guide.*