

## Local Chapter Program of Work

Chapter Name: \_\_\_\_\_

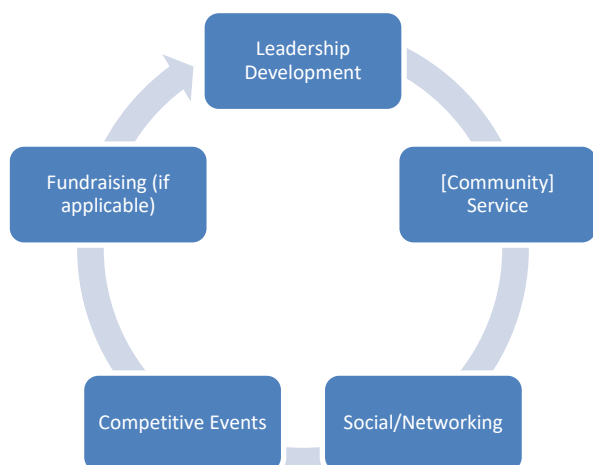
Date submitted: \_\_\_\_\_

Social Media contact information (Facebook, Twitter, Snapchat): \_\_\_\_\_

Your program of work is your master plan to lead the local chapter. It is a ***must*** for effective chapter management. Your program of work is a comprehensive plan of action. The program of work is your collection of goals and overarching ambitions. Like a road map, the program of work informs members of where they are going, how they will get there, and when they have arrived. In addition, a program of work evaluates what has been done for use in future programs. It is a timely, specific itemization of the chapter's priorities or objectives to meet current challenges.

Depending on the size of your chapter, you may choose to identify committees to work on certain project areas. If a project is to be assigned to a committee – be sure to note that on the table below.

### Autonomy of an Effective BPA Chapter



*List the activities that you hope to accomplish in each area:*

Leadership Development

Community Service

Social/Networking

Competitive Events

Fundraising (if applicable)

Now that you have identified the action items you would like to pursue during the school year, place deadlines and/or timeframe on when you hope to accomplish these activities.

<b>August</b>	<b>September</b>	<b>October</b>
<b>November</b>	<b>December</b>	<b>January</b>
<b>February</b>	<b>March</b>	<b>April</b>
<b>May</b>	<b>June</b>	<b>July</b>

As local chapter officers and advisor(s), we present this Program of Work as our plan for the current school year. We will communicate this plan with the members of our local chapters and report our accomplishments at the end of the year to the Oklahoma BPA Office.

\_\_\_\_\_  
Signature Local Chapter Advisor

\_\_\_\_\_  
Signature of Local Chapter Officer

\_\_\_\_\_  
Signature of Local Chapter President

\_\_\_\_\_  
Signature of Local Chapter Officer

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Signature of Local Chapter Officer

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Signature of Local Chapter Officer

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Signature of Local Chapter Officer

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Signature of Local Chapter Officer

PLEASE RETURN COMPLETED COPY TO OKLAHOMA BPA TO: [ronda.hill@careertech.ok.gov](mailto:ronda.hill@careertech.ok.gov).