

[illegible]

VI. BUDGETARY REQUIREMENT

Target Amount: _____

Source of Budget: _____

Expenses	Cost	Total
TOTAL		

VII. MEAL PLAN *(if applicable)*

- _____
- _____
- _____
- _____

VIII. SUPPLIES AND EQUIPMENT

Supplies	Inventory	Remarks

Prepared by:

Date: _____

TASKING DELEGATION SHEET

TASKS	RESPONSIBLE PERSON	SIGNATURE

CALENDAR OF TASKS CHECKLIST

TIMELINE (days, weeks, or months)	TASKS	ACCOMPLISHMENT/S
	<ul style="list-style-type: none"> _____ _____ _____ _____ _____ 	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
	<ul style="list-style-type: none"> _____ _____ _____ _____ _____ 	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
	<ul style="list-style-type: none"> _____ _____ _____ _____ _____ 	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
	<ul style="list-style-type: none"> _____ _____ _____ _____ _____ 	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
	<ul style="list-style-type: none"> _____ _____ _____ _____ _____ 	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____