



## **LEAGUE OF WOMEN VOTERS OF GRAND COUNTY**

### **Plan of Work - POW**

#### **Criteria**

1. Does the POW support the Mission, Vision, Values and Goals of the LWV?
2. Are there sufficient financial resources to support the POW?
3. Is the POW based on clearly defined purposes and explicit about outcomes and who is responsible to "project manage"?

<b>POW NAME:</b>
<b>CHAIR/Co-Chair/Vice Chair NAME(s) and CONTACT INFO:</b>
<b>COMMITTEE MEMBERS NAMES and CONTACT INFO:</b>
<b>GOAL:</b>
<b>DESCRIPTION:</b>
<b>RESOURCES and LINKS:</b>
<b>WHO SPECIFICALLY is RESPONSIBLE for EACH ACTION?</b>
<b>MILESTONE DATES:</b>
<b>SPACE REQUESTED:</b>
<b>SET-UP, EQUIPMENT, TECHNOLOGY REQUESTED:</b>
<b>BUDGET:</b>
<b>MEDIA MESSAGING:</b>

NOTES: