

DRAFT

2019 - 2020

Santa Barbara Adult Education Consortium: ACTIVITY CHART

YOUR PROGRAM/AGENCY NAME:					
NO.	OBJECTIVE	ACTIVITY DESCRIPTION	TIMELINE FOR COMPLETION (Month/Year)	PERSON OR AGENCY RESPONSIBLE	OUTCOME
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

EMAIL THIS FORM TO SBAEBG@GMAIL.COM