



Activity Proposal

Sacramento Fellowship of Narcotics Anonymous

SacFNA

Who:	Group Name: Group Number: Contact Person: Contact Info:
What:	
When:	
Where:	
Why:	
How:	

Budget:

Rent:		
Supplies:		
Insurance:		
Flyers:		
Other:		
Total:		

Admin Use			
Date Submitted:	Proposal #	Contact info complete:	Result: