

GOAL # _____

OBJECTIVE # _____

TIME FRAME: _____

ACTIVITIES:

1. _____

Person[s] responsible: _____

Community Partner(s) : _____

2. _____

Person[s] responsible: _____

Community Partner(s) : _____

3. _____

Person[s] responsible: _____

Community Partner(s) : _____

Tools/Resources Needed:

In-House: _____

In-Kind: _____

Other: _____

Budget Item: _____