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| **Action Plan** | | | |
| **Governance Improvement Goal:** | **Why is this important?** | | |
| **Objective:** | | **Start Date:** | |
| **End Date:** | |
| **Action Steps:** | **When:** | **Lead Person(s):** | |
| **1.** |  |  | |
| **2.** |  |  | |
| **3.** |  |  | |
| **4.** |  |  | |
| **5.** |  |  | |
| **6.** |  |  | |
| **Resources Needed:** | **Accountable Board/Staff Members:** | | **Special Considerations:** |
|  |  | |  |