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| **Division/Team/Unit:** |  | | | | |
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| **Action Plan Manager:** | ***Who*** *is responsible for monitoring the work completed and ensuring it is done on time?* | | | | |
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| **ACTIONS Plan**  **Instructions:** *On the chart below, identify* ***What*** *is going to be achieved (action items),* ***Who*** *is going to be responsible for the work, and* ***When*** *the item will be completed by. Remember to set realistic dates and focus on items that support the* ***Work Plan*** *and the District* ***1) Perspectives****,* ***2) Objectives, 3) Tactics, 4) other adopted plans (Business Plans, CIP, Marketing & Communications Plan, etc.)*** *You may list as many Action Items per perspective as you want, but you do not have to include items in each perspective.* | | | | | |
| **What** | | | **Who** | | **When** |
| **Financial Perspective:** | | |  | |  |
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| **Customer Perspective:** | | |  | |  |
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| **Internal Business Support Perspective:** | | |  | |  |
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| **Learning & Growth Perspective:** | | |  | |  |
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| **Driving Factors:** | | *Explain* ***Why*** *we are providing these services or programs.* ***Why*** *are you taking the above actions?* ***Why*** *is it important to get these items done this year related to the District’s Work Plan?*  *Financial Perspective –*  *Customer Service –*  *Internal Business Support -*  *Learning & Growth –* | | | |
|  | | | | | |
| **How** | | | | | |
| **Fiscal Resources:** | | *(Identify the fiscal resources in place to support the program work plan.)*  Grants: $      Other: $ | | | |
| **Other Resources:** | | *Identify other resources (non monetary) to help offset the cost of providing this program, i.e., specific volunteer groups, etc.* | | | |