

APPENDIX P: (SECTION 12)

***HEALTH ROCKS!* PLAN OF ACTION WORKSHEET**

TEAM NAME: _____

STATE/COUNTY: _____

TEAM MEMBERS (name/contact information):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DELIVERY MODE

STEPS TO ACCOMPLISH OBJECTIVES	RESOURCES NEEDED	INDIVIDUAL RESPONSIBLE	DATE TO BE COMPLETED

PARTNERS

STEPS TO ACCOMPLISH OBJECTIVES	RESOURCES NEEDED	INDIVIDUAL RESPONSIBLE	DATE TO BE COMPLETED

TRAINING

STEPS TO ACCOMPLISH OBJECTIVES	RESOURCES NEEDED	INDIVIDUAL RESPONSIBLE	DATE TO BE COMPLETED

INTERNAL COMMUNICATION PLAN

STEPS TO ACCOMPLISH OBJECTIVES	RESOURCES NEEDED	INDIVIDUAL RESPONSIBLE	DATE TO BE COMPLETED

MARKETING

STEPS TO ACCOMPLISH OBJECTIVES	RESOURCES NEEDED	INDIVIDUAL RESPONSIBLE	DATE TO BE COMPLETED

EVALUATION

STEPS TO ACCOMPLISH OBJECTIVES	RESOURCES NEEDED	INDIVIDUAL RESPONSIBLE	DATE TO BE COMPLETED

SUSTAINABILITY

STEPS TO ACCOMPLISH OBJECTIVES	RESOURCES NEEDED	INDIVIDUAL RESPONSIBLE	DATE TO BE COMPLETED