Month: Year:

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| --- | --- |
| 1. **Description:** (Title of project with brief description)   **Team:** (List Team Lead and Subject Matter Expertise)  **Expected Outcome/Completion Date:** | 1. **Implementation Plan(s)** choose which one(s) you will use from project outcomes  * **Communication Plan** (check when complete/attach spreadsheet with details (names/dates/etc): * **Training Plan** (check when complete/attach sep. sheet with details – names/dates/etc.): * **New or Revised Operating Procedure** (check when complete/attach sep. sheet with details):   **Follow-up Actions:**   * **Meetings scheduled with team lead at 30/60/90 days to review agreed upon process continues** * **Data plan in place to compare before and after results** |
| 1. **Improvements To**  |  |  | | --- | --- | |  | Place X next to correct item | | Strategic Initiative(s) |  | | Quality of Service |  | | Costs to Division/Department |  | |  |  |   **Comments:** IE: Expected long range returns | 1. **Accomplishments/Lessons Learned/Challenges** (Describe original state, changes implemented, cost savings or avoidance) |

Adapted from Ventura County