

Action Item Questionnaire

Action #: _____

Action Topic (See Topic Key): _____

Name of Organization: _____

Contact Person (if different than primary): _____

Address (if different than primary): _____

E-mail: _____

Phone: _____

Fax: _____

1. How far along is your organization in implementing this action?

Not Started (Anticipated start date): _____
Month / Year

Underway (Anticipated date of completion): _____
Month / Year

Fully Implemented (Approximate date of completion): _____
Month / Year

2. How have you gone about implementing this action and what specific outcomes have occurred as a result?

3. Are you experiencing or anticipating any challenges that may hinder implementation of your action? If so, please describe below.

4. Is there anything else you would like to share pertaining to implementation of this action?

5. Are you working with organizations not currently listed as a potential support partner for your action in the Tualatin Tomorrow Vision and Action Plan? If so, please list the organization(s):