

Tualatin Tomorrow Action Item Questionnaire



Strategy #: _____
Example: GHT 18

Action # : _____
Example: 18.1

Name of Organization: _____

Fill out this section once for your organization (unless it is different for specific action items).

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 Underway Fully Implemented Continuous
 "Parking Lot" – no plans to implement at this time

2. What starting date timeline have you set for this action item (if applicable)?

- Less than one year One to two years Three to five years Six plus years

3. Are you experiencing or anticipating challenges that may hinder implementation?

- Yes No

3A. If you answered Yes to #3, would you like help from the Partner Assistance Team?

- Yes No

4. Can actions taken for implementation of this item be used as a model for other partners?

- Yes No

5. Can actions taken for implementation of this item be applied to other items?

- Yes No

6. Are you working with organizations not currently listed as a potential support partner?

- Yes No

6A. If so, who? _____

Additional information/comments (include question number):

