

**Grant Admin Action Plan**

After completing the Quality Tool, review your responses and identify areas of strength and areas of improvement. Select a goal in the Administration and in the Continuous Improvement sections and create Smart.

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| **Organization** |  |
| **Organization Program ID #** |  |
| **First and Last Name of Submitter** |  |
| **Submitter’s Email Address** |  |

**Administration Action Plan Form**

Once you have identified a program goal for the Be Safe section, through your grant scopes of work, Quality Tool Self-Assessment, Program Observation, or survey, use this form to map out what steps you need to take to achieve them. We recommend that you utilize the Utah Education Policy Center’s [Guidance On Creating SMART Outcomes](https://drive.google.com/file/d/1MabCLU5fZtgqSRmRPdnznHIOxuoLVUvo/view) worksheet to help establish strong goals.



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| The Goal I will work on: |
| I will know I achieved this when:  |
| Steps to achieve this goal: | Resources and staff support needed: | By when: |
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|  |  |  |
|  |  |  |
| Review Date: |
| [x]  I have achieved this goal by meeting the criteria specified in the goal achievement statement(s) above. | [ ]  I am making progress toward this goal and will keep implementing my action plan. | [ ]  I need to make changes to my plan to achieve this goal by revising the goal or changing the action steps. |

**Continuous Improvement Action Plan Form**

Once you have identified a program goal for the Develop Meaningful Relationships section, through your grant scopes of work, Quality Tool Self-Assessment, Program Observation, or survey, use this form to map out what steps you need to take to achieve them. We recommend that you utilize the Utah Education Policy Center’s [Guidance On Creating SMART Outcomes](https://drive.google.com/file/d/1MabCLU5fZtgqSRmRPdnznHIOxuoLVUvo/view) worksheet to help establish strong goals.



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| The Goal I will work on: |
| I will know I achieved this when:  |
| Steps to achieve this goal: | Resources and staff support needed: | By when: |
|  |  |  |
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|  |  |  |
|  |  |  |
| Review Date: |
| [ ]  I have achieved this goal by meeting the criteria specified in the goal achievement statement(s) above. | [ ]  I am making progress toward this goal and will keep implementing my action plan. | [ ]  I need to make changes to my plan to achieve this goal by revising the goal or changing the action steps. |