

ACTION PLAN AGREEMENT

Your program recently received a Site Monitoring Visit (SMV) conducted by the Technical Assistance Resource Center (TARC). There were indicator(s) found to be _____ and/or _____. It is imperative for the program to improve these areas in order to achieve full compliance with the grant within six months, or by the date approved by the TARC in the final Action Plan Agreement (APA). Follow steps 1-3, below, within the required timeframe to complete the APA, then begin implementing the agreed-upon improvements. Once the Action Plan has been fulfilled, the TARC will issue a notification that you have achieved 100% compliance. If this Agreement is not completed and/or the required improvements in the Action Plan are not made by the final due date, the State Program Office will be engaged (see NYSED Accountability Review Process, below). **Items in grey boxes or with an asterisk are filled out by TARC team members.*

Instructions for completing the Action Plan Agreement (APA)

STEP	INSTRUCTION	TIMELINE
1	Complete the table below to create a draft Action Plan presenting how your program management team will address the indicator(s) identified in your SMV Report and bring them into full compliance. The TARC will complete the shaded columns 1,2,5 and 6. You will complete columns 3 and 4 . Consult the contents of SMV Report and/or contact the TARC for guidance, as needed. Due dates for completing actions should be attainable and demonstrate	

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Program Name	
Project Number ¹	0187-YY-####
Program team members (names & roles) who prepared this Action Plan Agreement	

*Date of SMV	
*TARC Reviewer(s)	

¹ Project numbers lead with the NYSED grant code for 21CCLC (0187), then the last 2 digits of the current program year (from July 1 to June 30), followed by the unique, 4-digit project identifier. Example: 0187-23-8001.

Column 1 SMV Indicator Code*	Column 2 SMV Indicator Title <i>As listed on the SMV tool</i>	Column 3 Action(s) to be Taken to Achieve Compliance <i>Statement describing the specific task(s) that will be</i>	Column 4 Program Team Member Responsible <i>Who this task has been or</i>	Column 5 Due Date for Completion*	*Date Verified by TARC <i>When evidence of completed task</i>
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