



ACTION PLAN

Subject:

OBJECTIVE		
PRIMARY USER CONTACT	START DATE	“Go – Live” DATE
Name: Email: Phone:		
PRIMARY WCCCA CONTACT		
Name: Email: Phone:		
MUTUAL EXPECTATIONS		
•		

Operational Impacts:	Key Ops Contacts:	SOG's Needed:
1.	•	<input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Call Taking <input type="checkbox"/> Other
Training Impacts:	Key Training Contacts:	Training Needed: (Mandatory contact, Lab, SIB)
1.	•	•
Logistical Impacts:	Key Logistics Contacts:	
1.	•	



ACTION PLAN

Finance/Admin Impacts:	Key Finance/Admin Contacts:		
1	•		
Will this affect other users? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Please indicate one or more of the following: <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Other			
PROJECT COST	PARTICIPANTS (i.e. staff, contractors, groups)		
\$ Budgeted <input type="checkbox"/> YES <input type="checkbox"/> NO PO (if needed) #			
ASSIGNED TASKS			
TASK	ASSIGNED TO	DUE DATE	COMPETION DATE
1.			
2.			
3.			
CONTINGENCY PLAN			

Presented to Executive Staff by _____ Date _____

Approved _____ Denied _____

Discussion: