

Plan of Action and Milestones

COMMAND: _____

FROM: _____

TO: _____

PERIOD COVERED: _____

| PRIMARY ISSUES | | INDICATORS | | | ACTIONS REQUIRED/OBJECTIVE | |
|-------------------|------------|------------------------------------|----------------|----------------------|----------------------------|--------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| Objectives/Action | Start Date | Barriers/Strategies for Overcoming | Resource Needs | Estimated Completion | Actual Completion | Remarks/Indicators |
| | | | | | | |

