

TX-601 Quality Improvement Plan

Action Plan

The purpose of this Quality Improvement Plan (QIP) is to define serious areas of concern, gaps in program performance, reestablish expectations, and allow the opportunity to demonstrate improvement and commitment.

Recipient Name		Grant Amount	
Subrecipient Name		QIP Start Date	
Project Name		QIP End Date	
Project Type		Program Manager	

Areas of Concern

In what areas has the program not met expectations?

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Improvement Goals

Provide specific goals as they relate to areas of concern to be addressed and improved upon.

Goal #	Goal Description	Issue Addressed by Meeting Goal

Expectations

To demonstrate progress toward improvement goal achievement, the following performance standard expectations must be met.

Expectation Description

Goal Activities

List activities that will aid to achieve the Improvement Goals set above.

Goal #	Activity	How to Accomplish	Start Date	Projected Completion Date

Resources

List resources available to complete Goal Activities. For example: training materials, training activities, seminars, peer mentoring, management support, etc.

Resource Name	Description of Resource

Progress Checkpoints

The following schedule will be used to evaluate your progress in meeting your goal activities.

Goal #	Activity	Checkpoint Date	Type of Follow-up (call/email /mtg)	Progress Expected	Notes/Comments

Progress Monitoring

You will receive feedback on your progress according to the following schedule:

Date Scheduled	Activity	Conducted By	Completion Date

Timeline for Improvement, Consequences & Expectations

Effective immediately, the stated program above is placed on a one-year QIP. During this time, the program will be expected to make regular progress on the plan outlined above. Failure to meet or exceed these expectations will result in further action including a second year of a QIP. In addition, if there is no significant improvement to indicate that the expectations and goals will be met within the timeline indicated in this QIP, the program may be fully reallocated in the upcoming CoC funding competition.

Any questions or concerns regarding this QIP can be discussed with TCHC staff.

Signatures

Program Manager Name	Program Manager Signature	Date

TCHC Staff Representative	TCHC Staff Signature	Date