

# Milk Money Action Plan

Use this form at all four meetings

Farm \_\_\_\_\_

★ List Actions intended to achieve Milk Quality Goals and Assign Responsibility for Completion

Action No.	Meeting One Actions	Who is responsible?	Is Action Completed by Meeting 2?	
			Yes	No
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

## Meeting Two

Action No.	Meeting Two Actions	Who is responsible?	Is Action Completed by Meeting 3?	
			Yes	No
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

## Meeting Three

Action No.	Meeting Three Actions	Who is responsible?	Is Action Completed by Meeting 4?	
			Yes	No
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

## Meeting Four *(fill in if your team will continue)*

Action No.	Meeting Four Actions	Who is responsible?
1.	_____	_____
2.	_____	_____
3.	_____	_____

★ Send in the original of this form after first meeting

