

Title:

Component Name:

Category:

Summary: Please complete a brief description of the purpose, action, and outcome for your activity.

Key Elements for Success: What elements of your initiative/practice do you feel contributed to your success?

What elements would you repeat?

What elements would you eliminate or change?

Other Details: (hours to plan, key resources – staff, lists, technology, etc.)

Do you have a project plan, minutes, communication examples, prospectuses or other documents you could share to assist another component with recreating this initiative/practice? YES NO

If Yes, please attach your document(s) and return with this form.

Have Questions? Need Advice? See contact details for this initiative/practice below.

Component Contact:

CNG Relationship Manager: