

Infill action/Workplan

Infill at
 _____ Co-op

Subcommittee Chair:

Subcommittee Team:

| Problem or issue | | | | | |
|--|------------------|------|----------|-------------------------|-------|
| _____ Lot needs filling. | | | | | |
| Goal(s) | | | | | |
| To have _____ lot(s) filled with new members by _____ (fall, spring, end of year, etc) | | | | | |
| Task | Resources needed | Who? | Deadline | We've succeeded when... | Notes |
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