**Affirmative Action Plan Self Checklist**

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|  Are the following areas included in your agency AA Plan? |
| **Required Area** | **Yes or No** | **What you still need to do** |
|  |  |  |
| **Agency Name** |  |  |
| **Agency Head Signature** |  |  |
| **AA Officer Signature** |  |  |
| **Date Submitted to DPM/BEI** |  |  |
| **Agency’s Policy Statement** |  |  |
| **Narrative Summary** |  |  |
| **Description of Problems to be addressed** |  |  |
| **Description of Efforts you will use to address the problems** |  |  |
| **Goal(s) to be achieved** |  |  |
| **Action Step(s)** |  |  |
| **Time Line(s)** |  |  |
| **Staff or Office Responsible** |  |  |
| **Evaluation** |  |  |
| **Internal Communication Plan** |  |  |
| **Internal Monitoring Plan** |  |  |