



Template for Performance Improvement Plan

MO-606 PIP

Performance Improvement Plan

Project Name: _____

Agency Name: _____

Agency Representative

Name: _____ Phone: _____

Email: _____

- First Time Performance improvement Plan -
If project has not been placed on a Performance Improvement Plan as a result of the previous Performance Review
- Continued Need Performance improvement plan -
If project is on a Performance Improvement Plan or was placed on a Performance Improvement Plan as a result of the previous Performance Review

Dates:

Notification of Deficiency: _____ Review Period: _____

Plan provided to Agency Representative: _____

Overall Project Performance Score: _____ out of _____ available (_____ %)

Performance Metrics at or below project type average:

Metric	Criteria	Score

If there are more metrics than spaces, please print off additional copies of this page



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**Please print this page for each Performance Metric listed on page one of the PIP*

Performance Metric: _____

Description of Metric and area of concern:

Use the table below to indicate project strategies for improvement. Each strategy should have its own dedicated person responsible as well as a completion date and a measurable outcome that can be verified.

Improvement Strategy	Person Responsible	Date of Expected Improvement	Measurable Outcome

For this metric please ensure completion of the following items:

- Has the Project Staff participated in all CoC provided training workshops.
- CoC lead agency provided special workshop for performance metric on this date:

- Project staff attended the special workshop.

Other steps that have been taken to address performance metric:



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then the related performance metric that had been identified

Signatures

Project Name: _____

The agency responsible for the administration of this project has responded to the elements above and is hereby agreeing to pursue the strategies and goals listed herein to improve the metrics associated with this project. Compliance with this plan will be considered by the Missouri Balance of State Continuum of Care by either the Board of Directors and/or the Rank and Review panel in consideration of funding applications.

Agency Representative Signature

Date

The Performance Committee has provided the above materials to the agency responsible for the indicated project, and collaborated with project staff to develop the strategies and goals listed herein. The Performance Committee will work with the Lead Agency of the Missouri Balance of State Continuum of Care to ensure that adequate resources are provided for training purposes related to each performance metric. Compliance with these strategies are deemed appropriate methods of addressing the metrics that affected the project performance.

Performance Committee Chair Signature

Date