**MBO FORMS**
**FAMU STRATEGIC PLAN IMPLEMENTATION**

**FORM A**

**GOAL/STRATEGY BEING IMPLEMENTED THIS YEAR **

DIVISION/UNIT:
GOAL NO./STRATEGY NO.:
GOAL NO./STRATEGY NO.:

GOAL(S) SUPPORTED [Goal numbers(s) only]:

PROPOSED PERFORMANCE EVALUATION MEASURE(S):
1.
2.
3.
4.
5.

PROPOSED ACTIVITY STEPS AND TIME LINES TO ACCOMPLISH OBJECTIVE:

<table>
<thead>
<tr>
<th>Activity Steps</th>
<th>Fiscal Year</th>
<th>Quarter</th>
</tr>
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<tbody>
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**Proposer:**
(Print Name)

**Approval:**
(Print Name)

**Date:**

**Date:**
FAMU STRATEGIC PLAN IMPLEMENTATION

FORM B

REVISION OF AN EXISTING GOAL/STRATEGY YEAR________________

DIVISION/UNIT:
GOAL NO./STRATEGY NO.:
GOAL NO./STRATEGY NO.:

GOAL(S) SUPPORTED [Goal numbers(s) only]:

PROPOSED PERFORMANCE EVALUATION MEASURE(S):
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PROPOSED ACTIVITY STEPS AND TIME LINES TO ACCOMPLISH OBJECTIVE:

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Proposer: 
(Print Name)

Approval: 
(Print Name)

Date: 

Date: 
FAMU STRATEGIC PLAN IMPLEMENTATION

FORM C

PROPOSAL OF NEW OBJECTIVE

DIVISION/UNIT:

SITUATIONAL CONTEXT:

GOAL(S) SUPPORTED [Goal numbers(s) only]:

PROPOSED PERFORMANCE EVALUATION MEASURE(S):
1. 
2. 
3. 
4. 
5. 

PROPOSED ACTIVITY STEPS AND TIME LINES TO ACCOMPLISH OBJECTIVE:

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Proposer: (Print Name)  Approval: (Print Name)

Date:  Date:
**FAMU STRATEGIC PLAN IMPLEMENTATION**

**FORM D**

**ANNUAL PERFORMANCE EVALUATION**

**YEAR**

**DATE OF EVALUATION:**

**DIVISION/UNIT:**

**GOAL STATEMENT:**

**PERFORMANCE EVALUATION MEASURE(S) SUBMITTED:**

**TOTAL NUMBER (#) OF ACTIVITY STEPS FOR THE OBJECTIVE:**

**LIST THE NUMBER OF EACH ACTIVITY STEP COMPLETED:**

___  ___  ___  ___  ___  ___  ___

**LIST THE NUMBER OF EACH ACTIVITY STEP NOT COMPLETED:**

___  ___  ___  ___  ___  ___  ___

**WRITE A BRIEF EXPLANATION FOR EACH ACTIVITY STEP NOT COMPLETED.**

<table>
<thead>
<tr>
<th>Activity Step#</th>
<th>Explanation</th>
</tr>
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</table>

**Activity Step#**

**Explanation**

(Page 1 of 2)
HOW WELL WAS THE OBJECTIVE IMPLEMENTED USING THIS PERFORMANCE EVALUATION MEASURES AS YOUR YARDSTICK?

WHAT EVIDENCE EXISTS OF PERFORMANCE?
NARRATIVE:

LIST ANY PRODUCTS, DOCUMENTS, FACILITIES, OR COMMODITIES WHICH RESULTED FROM IMPLEMENTATION OF OBJECTIVE:
1.
2.
3.
4.
5.
6.

Rating:  Status (Check One)  Quality (Check One)
Incomplete ______  Unacceptable ______
Complete ______  Poor ______

Date Performance was Rated:

Name of Rating Officer:
(Print Name)