

G.A.P. (Goal Action Plan)  
for Council\_\_\_\_\_ Chapter\_\_\_\_\_ Committee\_\_\_\_\_

**GOAL:**

**WHY:**

**RESOURCES NEEDED:**

**SUPPORTERS (THOSE WHO WOULD FAVORABLY SUPPORT THE ACCOMPLISHMENT OF THIS GOAL):**

**CONSENSUS BUILDERS (WHO I NEED TO PERSUADE TO SUPPORT THIS):**

**STEPS:**

**WHAT, WHERE, WHO, HOW**

**DATE ASSIGNED**

**DEADLINE**

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**EVALUATION DATES:** \_\_\_\_\_

**ADDITIONAL INFORMATION/CONCERNS:**

*Adapted from Delta Upsilon Fraternity 01.08*