**(State) Small Rural Hospital Improvement Program (SHIP) – Attachment #1**

Table I: FY 2020 Work Plan Progress to Date for SHIP Grant Cycle   
June 1, 2020 – May 31, 2021

**Program Goal:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Completion Date/Timeline** | **Staff and Entity** | **\*Progress/Process Measures** | **\*Outcome/Impact** |
| Objective 1: | | | | |
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| Objective 2: | | | | |
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| Objective 3: | | | | |
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| Objective 4: | | | | |
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| Objective 5: | | | | |
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| Objective 6: | | | | |
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| Add additional goals and objectives as needed | | | | |

\*Please note that the **progress/process measures** section and the **outcomes/impact** section should contain detailed information on progress made over the past year. This reflects the FY 2020 budget period (June 1, 2020 – May 31, 2021).