

Healthy Food Shelf Action Planning Worksheet

Food Shelf _____

Name: _____ **email** _____

of clients served/month _____ **phone #** _____

Preferred method of contact: Phone Email

Promising Practices I will implement	Target Date
1.	
2.	
3.	
Steps to implement Promising Practices	Start date
1.	
2.	
3.	

Signature: _____ **Date:** _____