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| **NAME OF ORGANIZATION:** | | | | **NISC Assessment dates:** |  |  |  |  |
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| Note: Enter the names and roles of the participants in the space provided below the table. | | |  |  |  |  |  |  |
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| **NISC Action Plan** | |  |  |  |  |  |  |  |
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| **E.g. domain, Governance, etc.** | **Action** | **Responsible person(s) and role implementation** | **Resources required** | **Priority level (1 - short term, 2 - medium term or 3 - long term)** | **Deadline mm/dd/yyyy** | **Status of activities (follow-up)** | **Date of follow-up** | **Comments (e.g. reasons for delay, etc.)** |
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| **Participants** | |  |  |  |  |  |  |  |
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