

**NEW YORK STATE DEPARTMENT OF HEALTH
PROJECT MANAGEMENT OFFICE**

Project Team Meeting Agenda

PROJECT IDENTIFICATION
Project Name:
Project Sponsor:
Project Director:
Project Manager:
Date:
Time (from-to):
Location:

Invitees: <i>List the names of the individuals invited to the meeting. Invitees should include the Project Manager, Project Team, Project Director, Project Sponsor, and any Customers with a vested interest in the project.</i>
Name (Project Manager), Name (IT Lead), Name (Role), Name (Role), etc..

Attendees: <i>During the meeting, note who actually attended. If attendees arrived late or left early, indicating they missed some of the topics discussed, note their arrival or departure time.</i>
<input type="checkbox"/> Name (Project Manager) <input type="checkbox"/> Name (Role) <input type="checkbox"/> Name (Role) <input type="checkbox"/> Name (Role) <input type="checkbox"/> _____ <input type="checkbox"/> _____
<i>Be sure that one of the Project Team members in attendance is scribing for the session, capturing important project-specific information that requires further review or discussion as well as potential issues that could impact the project. At the end of the meeting, the Project Manager and Project Team should review these points as well as any other notes captured by other team members to identify any additional actions required. The notes will be compiled into meeting minutes to be distributed to all the attendees and retained in the project repository.</i>

AGENDA TOPIC	Presenter Name	Time (Minutes)
Expected Deliverables <input type="checkbox"/> <ul style="list-style-type: none"> ○ ○ 		x min.
Topic A <input type="checkbox"/> Project Roster Update <ul style="list-style-type: none"> ○ ○ ○ ○ ○ <input type="checkbox"/>		x min.
Project Documentation Update <ul style="list-style-type: none"> <input type="checkbox"/> Project Schedule <input type="checkbox"/> Project Status Reports (Bi-Weekly) <ul style="list-style-type: none"> ○ Are open issues on track for resolution by the dates given in the last report? <input type="checkbox"/> Review of Issues Log and Risks. <input type="checkbox"/> Other documents updated <input type="checkbox"/> Validate PM Templates 		x min.

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AGENDA TOPIC	Presenter Name	Time (Minutes)
Next Steps <input type="checkbox"/> <input type="checkbox"/> Other?		x min.
Wrap-Up <input type="checkbox"/> Review of action items, if any. <input type="checkbox"/> Next meeting. (When, Where, Who)		x min.

ADDITIONAL INFORMATION:
Handouts: None

DECISIONS:		
Decision Made	Impact	Action Required?

ISSUES:		
Issue Description	Impact	Action Required?

ACTION ITEMS:		
Item Description	Owner	Due Date

Notes

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