

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

**Project Kick-Off Meeting Outcomes**

<b>PROJECT IDENTIFICATION</b>
<b>Project Name:</b>
<b>Project Sponsor:</b>
<b>Project Director:</b>
<b>Project Manager:</b>
<b>Date:</b>

**Invitees:** *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.*

Name (Project Manager), Name (IT Lead), Name (Role), Name (Role), etc..

**Attendees:** *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.*

<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"/> _____

*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.*

**Decisions:** *Document each project decision reached and its impact. Also indicate if the decision requires follow-up actions. If so, these should be captured below.*

Decision Made	Impact	Action Required?

**Issues:** *Document any project issues identified and its impact. Also indicate if the issue requires follow up actions. If so, these should be captured below.*

Issue Description	Impact	Action Required?

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<b>Action Items for Follow Up:</b>		
Action	Responsible	Target Date