**STAFF KICKOFF MEETING MINUTES**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | LOCATION | START TIME | END TIME |
|  |  |  |  |

|  |  |
| --- | --- |
| PROJECT NAME | FACILITATOR |
|   |   |
| **ACHIEVEMENTS OF THE TEAM** |
| Success stories of team |

|  |
| --- |
| **PREVIOUS MEETING ITEMS REVIEW** |
| DESCRIPTION | ACTION TAKEN BY | DATE |
|   |   |   |
|   |   |   |

|  |
| --- |
| **AGENDA ITEMS** |
| DESCRIPTION | PRESENTED BY | OUTCOME |
|   |   |   |
|   |   |   |

|  |
| --- |
| **ITEM REVIEW** |
| Review of New Agenda Items. |

|  |
| --- |
| **NEXT MEETING TO BE HELD** |
| DATE | LOCATION | START TIME | END TIME |
|   |   |   |   |