First Action Team Meeting Agenda

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| Meeting Objective: | | | |
| Date: | | Time: | Location: |
| Invitees (list for agenda): | | | |
| Time | Agenda | | |
|  | Welcome/Meeting Overview   * Introductions: Name, organization, reason for attending | | |
|  | Dementia-Friendly Community Discussion   * Review the toolkit process and demographics of dementia in your community   Handouts: Is Your Community Prepared? flyer Demographics of Dementia in Your Community (results of worksheet)  Toolkit Overview video (optional) | | |
|  | Review the community workplan and projected timeline | | |
|  | How would team members like to be involved?   * Community Coordinator, Action Team Members, Community Assessment Team Members/Lead, Community Event Members/Lead * Others (i.e. Area Agency on Aging, Alzheimer’s Association) | | |
|  | Identify projected expenses, determine how the project will be funded, potential funding opportunities | | |
|  | Determine method(s) for ongoing team communication.  Determine awareness building and communication that needs to be shared with the community and decide who will coordinate it | | |
|  | Next Meeting   * Date/time/location (consider setting standing monthly meeting) | | |
|  | Adjourn | | |