Name of Group

Place the goal or mission of the group here

**Date:**

**Time:**

**Location:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Time** | **Agenda Item** | **Action Required** | **Notes or Questions** |
| 9:00 | Introductions and welcome | none |  |
| 9:15 | Update on working groups | Review and provide assistance | 1. What has been successful? 2. What assistance is needed? |
| 9:45 | New Council Strategy on poverty | Review and determine action | 1. Do we agree with the strategy? 2. What is great about it? 3. What needs more clarification |
| 10:15 | Final Copy of the new Theory of change | Approval | 1. What do you like? 2. Are there any last minute changes 3. Approval from group |
| 10:45 | Check out | none | 1. Recap action items 2. What did you like/not like about the meeting? 3. What questions do you still have? |
| 10:55 | Book next meeting |  |  |

**Past Meeting Dates**

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| January 17, 2018 at Health Unit | February 27,2018 at Heart and stroke |  |  |
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