|  |
| --- |
| **Family Readiness Group Monthly Meeting** |
| Facilitator and Contact Number |  |
| Date: |  | Time: |  | Location: |  |
| Meeting Topic: |  |
| Facilities Contact: |  |
| Equipment Needed: |  |
| Childcare Contact: |  |
| Food and Beverage: |  |
| RSVP: | Adult: |  | Children 0-4: |  | Youth 5+: |  |
| Special Needs: |
| Notes |
|  |
| Checklist |
| **Pre Meeting** | **Supplies for Meeting** |
|  | Command Authorization to hold event |  | Name Tags |
|  | Date and Time Confirmed |  | Pens |
|  | Meeting location reserved |  | Notepads |
|  | Involved presenters notified with clear expectations |  |  |
|  | Invite Families (BCC Line) | **Post Meeting** |
|  | Key Contacts remind Families |  | Follow up on any questions/concerns |
|  | Contact Speaker |  | Conduct After Action Review with FRG Team |
|  |  |  | Thank You cards sent to necessary parties |
| **Week Before Meeting** |  |
|  | Confirm Childcare | **Action items to be filed in FRG Binder** |
|  | Confirm Speaker |  | Commander authorized meeting |
|  | Confirm Location |  | Purchase request form with receipts |
|  | Send reminder to Families (BCC) |  |  |
|  |  |
| **Resources for Meeting** |  |  |
|  | Speaker Handouts |  |  |
|  | Sign in Sheet |  |  |
|  | Evaluation Sheet |  |  |