

ALLEGHENY COUNTY COALITION FOR RECOVERY
(Name of Committee)

MINUTES TEMPLATE

DATE:

Co-Chairs:
Note taker:
Attendees:

Announcements:
1.

Agenda Item 1:
Committee Goal Being Addressed:
Discussion:

Action Item	Person Responsible	Target Date

Agenda Item 2:
Committee Goal Being Addressed:
Discussion:

Action Item	Person Responsible	Target Date

Next Meeting: **Date and Time**
 Location