

**QUALITY ASSURANCE TEAM (QAT)
PROJECT REVIEW AGENDA**

Project Name		Agency		Review Location			
				On-site	<input type="checkbox"/>	Off-site	<input type="checkbox"/>
Meeting Logistics							
Date:		Location:		Start Time:		End Time:	
Project Manager			Phone		Email		
Project Review Contact			Title		Email		Phone

REQUESTED PARTICIPANTS:

Please ensure stakeholders for each of the following roles, at a minimum, participate in the project review meeting.

<p>Roles</p> <ul style="list-style-type: none"> • Project Manager • •

PROJECT INFORMATION:

Please be prepared to address each of the following agenda items.

Item 1: Identify and provide evidence of the current project life cycle phase.

Item 2: Show approved deliverables for the most previous project life cycle phase if applicable.

Item 3: Describe major project changes and the impact to the project's scope, budget, and schedule.
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Item 4: Demo system to demonstrate functionality if applicable.
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<p>Item 5: Provide the following additional information:</p> <ul style="list-style-type: none"> • •
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