



# <Meeting Name> Meeting Agenda and Participants



## Meeting Information

Meeting Name:	
Date:	Month XX, XXXX
Time:	#:##- #:## p.m.
Location:	
Meeting Objective:	

## Attendees

✓	NAME	AGENCY/ORGANIZATION	✓	NAME	AGENCY/ORGANIZATION

✓=in attendance T=via teleconference

**FX Procurement Integrity Statement:** *The Agency's FX program is an ongoing process that involves the preparation of specifications for upcoming contracts. In order to protect the competitive nature of future procurements, the Agency will not have any discussions related to the scope, evaluation, or negotiation of any current or future procurement with vendors or their representatives, other than the SEAS Vendor, the IV&V Vendor, and the IS/IP Vendor, who are precluded from bidding on future FX contracts. Current information on Florida Health Care Connections will be made available on our FX Website and in public meetings of the Executive Steering Committee. These public meetings will be noticed in the Florida Administrative Register.*

## Agenda Topics

TOPIC	PRESENTER	TIME
1.		
2.		
3.		
4.		
5.		
6.		

## Attachments

#	DESCRIPTION
1.	