

## Iowa Community Empowerment Designation Summary & Recommendation



Area Seeking Designation: Buena Vista, Crawford, Sac Empowerment Area

Designation Time Period: 2010 - 2012

Date Designation Documents Received in Office of Empowerment: September 9, 2009

Members Present at Site Visit: Annette Koster, BVCS coordinator, Rachel Bendixon, consumer/citizen, Mary Ohrtman, BVC Public Health/Family STEPS, Pam Bogue, RNC Admin BV PHD, Deb Giner, CCNC CPH, Retta Mitchell, BVCS Home Consultant, Rhonda Christensen, ISU Extension, Jackie Duffy, Sac Co Health Services, Laura Beeck, Crawford Co HHH&PH, Patricia Ritchie, OLSAOC-faith member/IEB member, Jack Bensley, Sac Co Supervisor, Molly Scott, Sac Co Daycare Director/non-voting board member

State Team Reviewers: Deb Scrowther & Kristi Judkins

\_\_\_\_\_  
Signature of Empowerment Facilitator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Local Board Chairperson

Team Summary of Community Plan, Bylaws, Annual Report, Board Minutes and Site-Visit:

### Strengths:

Board members, as well as program providers, were well represented at the redesignation review.

The board was highly involved in the process for redesignation and was able to articulate progress within the CEA.

Board membership meets requirement of Iowa Code.

School ready carry forward amount into FY10 is well below 20%

Priorities are well chosen in order to move the board forward and remain focused on needs and gaps within the CEA

Community-wide indicators are relevant to the work of the CEA and utilize consistent data sources

Report includes strong data to assist the board in decision-making – both at the community and program level.

Board is focused, structured and understands its role in making funding decisions, and cognizant of the future as they work together with the community.

There is attention paid to all counties and they work in partnership together.

Improvement Plan Needed:  
None needed.

Technical Assistance Offered or Requested:  
No specific technical assistance was requested by the CEA or identified by the reviewers.

Date: 10/20/09

**Unconditional Recommendation:**

X  Designated for 3 Years

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Date:

**Conditional Recommendation:**

Improvement Plan Submitted (Date): \_\_\_\_\_

CEA Board Meeting at Which This Plan Was Approved (Date): \_\_\_\_\_

Technical Assistance Provided by State Team: \_\_\_\_\_

Proof of Improvement Plan Completed (Date): \_\_\_\_\_

**Re-determination of Designation:**

\_\_\_\_\_ Designated for Remainder of Designation Cycle      \_\_\_\_\_ Conditional Designation for Remainder of Cycle

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Date:

\_\_\_\_\_ **Designation not Recommended**

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\_\_\_\_\_  
Signature of Empowerment Facilitator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Local Board Chairperson