



Community Empowerment Area Improvement Plan

Name of Empowerment Area: _____

Date Improvement Plan Submitted by CEA: _____

Date Improvement Plan Approved by CEA Board: _____

Date of Redesignation Visit: _____

Please submit completed form to the Office of Empowerment by February 28, 2009.

Item (See Redesignation Recommendation/Summary Form)	Action Steps to be taken to meet Community Empowerment Requirement	Timeline

Signature of Local Board Chairperson

Date

Signature of Empowerment Team Member