

EXECUTIVE COUNCIL OF IOWA

AGENDA

JUNE 11, 2012

1. Introduction of Attendees
2. Approval of minutes of meeting held June 4, 2012
3. Personal Appearance –
 - A. Mark Shearer, HSEMD will be present to request a new membership in National Institute for Animal Agriculture (NIAA) for one year in the amount of \$500.00.
TAB # 1
4. Outside Counsel – Page 1
TAB # 2
5. Renewal Memberships – Page 1
TAB #'s 3, 4, 5, 6, 7 and 8

4. **Outside Counsel**

- A. The Department of Justice, Attorney General's office requests retention of outside counsel to represent the Iowa Economic Development Authority in a bankruptcy proceeding filed by Harper Brush Works, Inc. in Fairfield, IA.

Firm: Belin McCormick
Attorney: Thomas Flynn
666 Walnut, Suite 2000
Des Moines, IA 50309-3999
Rate: \$190.00 per hour

TAB # 2

5. **Renewal Memberships**

- A. Agriculture in The National Association of State Departments of Agriculture in the amount of \$21,400.00 for July 1, 2012 - June 30, 2013. (Previous amount was \$21,400.00.) Other agencies: No: Funding Source: State General Fund

TAB # 3

- B. Auditor in National Association of State Auditors, Comptrollers and Treasurers in the amount of \$3,500.00 for July 1, 2012 - June 30, 2013. (Previous amount was \$3,500.00.) Other agencies: Yes: Treasurer of State: DAS-SAE Funding Source: State General Fund

TAB # 4

- C. Blind in Council of State Administrators of Vocational Rehabilitation (CSAVR) in the amount of \$6,181.00 for July 1, 2012 - June 30, 2013. (Previous amount was \$6,181.00.) Other agencies: Yes: Vocational Rehabilitation Services Funding Source: Federal Funds

TAB # 5

- D. College Student Aid in National Association of State Student Aid and Grant Programs (NASSGAP) in the amount of \$1,000.00 for July 1, 2012 - June 30, 2013. (Previous amount was \$1,000.00.) Other agencies: No: Funding Source: State General Fund

TAB # 6

- E. Economic Development in Iowa Association of Housing Officials in the amount of \$45.00 for January 1 - December 31, 2012. (Previous amount was \$50.00.) Other agencies: No: Funding Source: Federal Funds

- F. Health in National Organization of State Offices of Rural Health in the amount of \$1,000.00 for July 1, 2012 - June 30, 2013. (Previous amount was \$1,000.00.) Other agencies: No: Funding Source: Federal Funds

TAB # 7

- G. Human Services in State Employment Leadership Network (SELN) in the amount of \$35,000.00 for July 1, 2012 - June 30, 2013. (Previous amount was \$35,000.00.) Other agencies: No: Funding Source: Federal Funds

TAB # 8

Executive Council of Iowa

TAB # 1

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: HSEMD-Multi-State Partnership

NAME OF ORGANIZATION: National Institute for Animal Agriculture (NIAA)

NEW MEMBERSHIP [X] RENEWAL [] MEMBERSHIP PERIOD: 1-1-12 to 12-31-12
(Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT \$ 500.00

Funding Source: State General Fund [] Other State Funds []

Federal Funds [X] Multi-State Partnership-IA funds

If Renewal, previous year amount. \$

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? [X] Yes [] No

If yes, please list: Iowa Dept. of Agriculture

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? [X] Yes [] No

If yes, list the anticipated number of trips per year and their purpose: Trips to attend
scheduled meetings will be paid with federal funds provided by Partnership member states.

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT.

NIAA is the nation's premiere animal health organization that integrates industry, state and federal veterinary agencies and
the emergency management communities in animal disease mitigation, preparedness and security. The Multi-State
Partnership has directed that our 14-state organization become a member of NIAA to facilitate coordination and sharing
information with these public and private sector partners. Specifically, the Partnership has been invited by NIAA to be
members of the Animal Health Emergency Management Council, the Global Animal, Food Security and Trade Council, and
the Emerging Disease Council.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF

THE STATE OF IOWA. Participation of the Multi-State Partnership (with Iowa as the leadership
state) means our state and agency will remain on the leading edge of disaster preparedness by
sharing information with leading subject matter experts. Iowa benefits by having access to the
latest tools and mitigation procedures in the event of a disease or terrorism-generated incident.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO

HAVE WITH THIS ORGANIZATION: The agency will benefit from weekly information sharing,
technical papers, national and global alerts and other sector specific messages from the
organization, and attending regional and national meeting as available.

Requested by: [Signature] Date: 5/30/12
(Department Head Signature)
Phone: 515.725.3230 E-mail: Mark.Schouten@iowa.gov

Membership Form 42400

July 2009

DOM: Approval [X] Disapproval []

Signature [Signature] Date 6/1/12



TAB # 2

Address Reply To:
1305 E. Walnut Street
Des Moines, Iowa 50319
Telephone: 515/281-3349
Fax: 515/281-4209
Julie.Pottorff@iowa.gov

THOMAS J. MILLER
ATTORNEY GENERAL
JUN 7 AM 9:36

JULIE F. POTTORFF
DEPUTY ATTORNEY GENERAL

Iowa Department of Justice

June 4, 2012

GeorgAnna Madsen
Executive Secretary
Executive Council
State Capitol
L-O-C-A-L

Re: Retention of Outside Counsel

Dear GeorgAnna:

Our office is requesting Executive Council approval to retain outside counsel to represent the Iowa Economic Development Authority in a bankruptcy proceeding. The Authority awarded financial assistance to Harper Brush Works, Inc., in Fairfield, Iowa. The financial assistance included two \$80,000 loans. One loan is forgivable after five years if the company meets certain job requirements. Both loans are secured by a mortgage on real estate in Fairfield. Payments of \$1,333.33 are due monthly beginning June 1, 2012. Just days before the first payment was due, on May 29, 2012, the company filed for bankruptcy under Chapter 11 listing the Authority as a creditor. The Authority needs representation in the bankruptcy proceeding in federal court, Harper Brush Works, Inc., Case No. 12-01757-als11, in order to protect its interest in the loans. Because our office does not have staff with sufficient experience in bankruptcy, we are requesting approval of outside counsel.

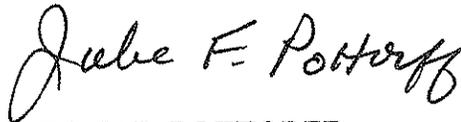
Ordinarily, collection work for the Authority, including representation of the Authority in bankruptcy proceedings, is handled by Nyemaster, Goode, West, Hansell & O'Brien, P.C., under an existing agreement. Unfortunately, the Nyemaster firm has a conflict in this particular case. The Authority has contacted Thomas Flynn of Belin McCormick, 666 Walnut, Suite 2000, Des Moines, Iowa, 50309-3999. Mr. Flynn has agreed to handle this matter at \$190 per hour which is the same rate currently paid to Nyemaster. Because this matter arose very quickly, Mr. Flynn attended a hearing that was held on Friday, June 1, prior to the earliest opportunity to obtain Executive Council

GeorgAnna Madsen
Executive Secretary
Page 2

approval.

Accordingly, our office requests Executive Council approval to retain Belin McCormick to represent the Authority in the bankruptcy proceeding at the rate of \$190 per hour and requests approval to pay Mr. Flynn's fees for attending the hearing on June 1, 2012. Payment of attorney fees and costs will be from the funds of the Authority.

Sincerely,

A handwritten signature in black ink that reads "Julie F. Pottorff". The signature is written in a cursive style with a large initial "J" and a distinct "F".

JULIE F. POTTORFF

Deputy Attorney General

Executive Council of Iowa

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

TAB # 3

EXECUTIVE COUNCIL
2012 JUN -4 AM 8:15

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Iowa Department of Agriculture & Land Stewardship

NAME OF ORGANIZATION: The National Association of State Departments of Agriculture

NEW MEMBERSHIP RENEWAL X MEMBERSHIP PERIOD: 07-01-2012 / 6-30-2013
(Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT \$ 21,400

Funding Source: State General Fund X Other State Funds

Federal Funds Other Funds

If Renewal, previous year amount. \$ 21,400

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? Yes X No

If yes, please list:

Please describe why your department should have an additional membership WILL THIS

MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? Yes X No

If yes, list the anticipated number of trips per year and their purpose: The membership will not pay for out-of-state travel, but two trips per year are anticipated to meet and interact with U.S. State Departments of Agriculture regarding current issues having to do with Agriculture.

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:

Helps the department work in conjunction with departments of agriculture throughout the United States and to keep informed on current issues.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.

Is involved in developing and implementing programs affecting Taxpayers of Iowa.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:

Fairly frequently by phone and in person when needed and at yearly meetings.

Requested by: Jay Johnson (Department Head Signature) Date: 6-1-2012
Phone: 515-281-5681 Email: Jay.Johnson@iowaagriculture.gov

DOM: Approval Disapproval

Signature Date

Executive Council of Iowa

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

TAB # 4

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Office of Auditor of State – David A. Vaudt
NAME OF ORGANIZATION: National Association of State Auditors, Comptrollers and Treasurers

NEW MEMBERSHIP **RENEWAL** **X MEMBERSHIP PERIOD:** 7/1/12 to 6/30/13
(Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT \$ 3,500.00 (\$10,500.00 divided among 3 agencies)

Funding Source: State General Fund **X** **Other State Funds**

Federal Funds **Other Funds**

If Renewal, previous year amount. \$ 3,500.00

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? **X Yes** **No**

If yes, please list: Treasurer of State and the State Accounting Enterprise within the Department of Administrative Services

Please describe why your department should have an additional membership.

This is a "shared" membership.

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? **Yes** **No**

If yes, list the anticipated number of trips per year and their purpose:

Travel may be required for the State Auditor and staff members serving on committees. The number of trips is unknown since it will depend on Association activities throughout the year.

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT.

It provides education and networking opportunities with representatives from other states. Members work together on professional issues relating to the Governmental Accounting Standards Board, the Government Finance Officers Association, and various federal agencies. The members of this organization collaborate on issues such as governmental financial reporting, electronic benefits transfer, cash management and other federally mandated services and programs.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.

Meeting with auditors, comptrollers, and treasurers from other states provides an opportunity to share information on common issues that will enable the development and implementation of new ideas for efficiency in governmental auditing and accounting practices used in state and local government audits.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:

Staff will be in contact with various members from other states throughout the year and sometimes on a daily basis to work on common projects that affect all state finance officials.

Requested by: <u>David A. Chud</u> (Department Head Signature)	Date: June 4, 2012
Phone: 515-281-5835	E-mail: nancy.anderson@auditor.state.ia.us

DOM: **Approval** **Disapproval**

Signature _____ **Date** _____

Executive Council of Iowa

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

TAB # 5

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Department for the Blind

NAME OF ORGANIZATION: Council of State Administrators of Vocational Rehabilitation (CSAVR)

NEW MEMBERSHIP _____ **RENEWAL** X **MEMBERSHIP PERIOD:** July 1, 2012 - June 30, 2013

MEMBERSHIP FEE OR DUES AMOUNT \$6,181

If Renewal, previous year amount. \$6,181

Funding Source: FEDERAL FUNDS

***DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION?** Yes, Iowa Vocational Rehabilitation Services.

Please describe why your department should have an additional membership. Blind people have unique needs that are best addressed by specialized services provided through separate agencies for the blind.

WILL THIS MEMBERSHIP REQUIRE OUT-OF-STATE TRAVEL? Yes X No

If yes, list the anticipated number of trips per year and their purpose:

Travel typically consists of two trips per year to training conferences. These are not a condition of membership. CSAVR holds general membership conferences for members to network with each other and also to meet with officials from the Department of Education, Rehabilitation Services Administration (RSA) and regulatory officials, including members of the Iowa congressional delegation.

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT. Membership in this organization provides a valuable resource in the form of a national network of peers for the IDB director and other management staff. In addition, it allows Iowa a voice in national issues affecting the rehabilitation of blind Iowans. The Iowa Department for the Blind receives nearly 80% of its funding from the Rehabilitation Services Administration. Because this is a federal program, it is critical that the Department's management staff keep current on the issues and federal activities which affect both the funding levels and the delivery of services through this program. CSAVR is an effective vehicle for this.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA. The national network of public vocational rehabilitation (VR) programs recognizes the importance of business as a customer. The VR system receives public funding to serve people with disabilities as the primary customer but the individual's vocational planning, training, employment preparation, and career development opportunities depend upon the counselor's and the consumer's understanding of the employment needs and expectations of business. Active business involvement enhances the careers, employment outcomes, and independence of people with disabilities served by the public VR program.

CSAVR is actively working with business, consumers, and state VR agencies to develop a national VR-business network. The vision is to create a coordinated approach to serving business customers through a national VR team that specializes in employer development, business consulting, and corporate relations. The dual customer approach provides the following benefits to the customers of the national network – business, VR consumers, and state VR agencies:

- 1) Business has direct access to qualified applicants and the support services provided by the public VR system;
- 2) VR consumers have access to national employment opportunities and career development resources; and
- 3) VR agencies have a national system for sharing employment resources, best practices, and business connections.

Most members of CSAVR are agencies in other states comparable to the Iowa Department for the Blind which provide vocational rehabilitation services under the federal Rehabilitation Act.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: The Department participates regularly in conference calls, studies of the vocational rehabilitation system, surveys among member agencies, and work groups and committees that focus on service delivery, reporting requirements, etc.

Requested by:



Date: May 31, 2012

(Department Head Signature)

Phone: 281-1293

Email: Bruce.Snethen@blind.state.ia.us

2012 JUN -5 AM 9:30



4/5/12

Approved

Executive Council of Iowa

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

TAB # 6

RECEIVED

1 2012

IOWA DEPT. OF MANAGEMENT

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: Iowa College Student Aid Commission

NAME OF ORGANIZATION: National Association of State Student Aid and Grant Programs (NASSGAP)

NEW MEMBERSHIP RENEWAL X MEMBERSHIP PERIOD: 07/01/12 - 06/30/13 (Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT \$ 1,000.00

Funding Source: State General Fund X Other State Funds

Federal Funds Other Funds

If Renewal, previous year amount. \$ 1,000.00

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? Yes No X

If yes, please list:

Please describe why your department should have an additional membership

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? Yes No X

If yes, list the anticipated number of trips per year and their purpose: Travel is Optional. Fall and spring conferences, usually attended by the Director of Program Administration.

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT.

NASSGAP provides timely information on emerging issues in state student financial aid; sponsors 2 annual conferences which afford networking opportunities in addition to conference topics that address current issues for state student financial aid professionals; provides annual survey of state financial aid programs; research; provides federal legislative updates and keeps student aid issues before national officials.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.

Membership advances Governor Culver's goal of Education for a Lifetime by helping Commission staff maintain their level of knowledge about new ideas fro assisting Iowan's access to and choice among higher education opportunities.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:

Daily contact electronically with similar state agencies across the nations; NASSGAP web page access.

Requested by: [Signature] Date: May 30, 2012
Phone: (515) 725-3411

DOM: Approval X Disapproval

Signature [Signature] Date 6/5/12

Executive Council of Iowa

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

TAB #7

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: IDPH

NAME OF ORGANIZATION: National Organization of State Offices of Rural Health

NEW MEMBERSHIP RENEWAL X MEMBERSHIP PERIOD: 07/01/12 to 06/30/13 (Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT \$ 1,000

Funding Source: State General Fund Other State Funds Federal Funds X Other Funds # orgn. 0902

If Renewal, previous year amount. \$ 1,000

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? Yes No X

If yes, please list:

Please describe why your department should have an additional membership

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? X Yes No

If yes, list the anticipated number of trips per year and their purpose: Per our federal HRSA grant we are required to attend both the NOSORH annual conference, and the annual regional conference. Travel funds are provided for both trips in the federal grant budget.

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:

It provides reduced cost for conferences, no-cost bi-monthly educational webinars, monthly teleconference calls with mandatory information from HRSA, participation in development of projects which influence rural health practice, receipt of electronic journals and policy briefs, monthly newsletter, listserv access to network and communicate with colleagues nationwide, and availability of NOSORH staff consultants who have expertise on many rural issues.

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.

NOSORH membership is a vital tool and allows IDPH access to national resources and helps Iowa maintain leadership status in the arena of rural health. It provides information needed by rural health care providers, hospitals and clinics including training information for health information technology.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:

On a monthly basis will have contact with: HRSA federal project officers, directors and staff from other state public health offices, national researchers and analysts with expertise in health care and policy, and health providers

Requested by: [Signature] (Department Head Signature) Date: 5/31/2012
Phone: [Signature] 6/5/12

Membership Form 42400
2012 JUN 15

Executive Council of Iowa
Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

TAB # 8 **CEIVED**
MAY 24 2012
IOWA DEPT. OF
MANAGEMENT

REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: DHS/MHDS _____

NAME OF ORGANIZATION: State Employment Leadership Network (SELN) _____

NEW MEMBERSHIP _____ RENEWAL MEMBERSHIP PERIOD: 7-1-12/ 6-30-13
(Beginning and ending dates)

MEMBERSHIP FEE OR DUES AMOUNT \$ 35,000.00 _____

Funding Source: State General Fund Other State Funds Federal Funds Other Funds
Funds 100 % Federal MHBG 0324-401-6912-2810 (FFY 12)

If Renewal, previous year amount. \$ 35,000.00 _____

DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? Yes No

If yes, please list: _____

Please describe why your department should have an additional membership _____

For Technical assistance and support provided through the State Employment Leadership Network (SELN).

WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? Yes No

If yes, list the anticipated number of trips per year and their purpose: _____

DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:

For Technical assistance and support provided through the State Employment Leadership Network (SELN).

DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.

The SELN exists to assist member states in a concerted and coordinated approach to strengthen their systems' capacity to improve and increase employment outcomes for working age adults with intellectual and developmental disabilities.

DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: Participation agreement timeframe _____

Requested by: C. M. Polman Date: 5-23-12
(Department Head Signature)
Phone: 515-281-8580 Rick Shults 5-18-12 Rick Shults

DOM: 5/18/12 Approval Disapproval
E-mail: Lee Hill
DOM: 5/18/12 Approval Disapproval
E-mail: Lee Hill

Signature: [Signature] Date: 6/5/12