

Affiliate Annual Report Form

Submit this form to your Regional Director and the NEAFCS National Office, 325 John Knox Rd. Suite L103 Tallahassee, FL 32303 Fax: (850) 222-3019 Email: djessup@executiveoffice.org

Please return this form by December 31st of each year to your Regional Director and a copy to the National Office. This report should cover anything that has occurred between January 1 and December 31 of the current year.

| State/Territory: | Montana | Date: | 12/13/22 |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------|--------------|
| Person Completing Form: | Jackie Rumph | Phone: | 406-874-3775 |
| What accomplishments/progress has your Affiliate made in the past year? (Consider member resources, awards and recognition, public affairs, etc.) | | | |
| Brianna Routh and Carrie Krug were national team and individual winners. | | | |
| | | | |
| | | | |
| What are your Affiliate's go | pals for the next 12 months? | | |
| Offer professional development through our next MEAFCS meeting to be held April 2023. | | | |
| Continue to meet the emergi | ng FCS needs of Montana residents. | | |
| Work with administration to update onboarding of new agents in all of extension and provide guidance for new agents specific to the area of FCS. | | | |
| Utilize our statewide need's assessment to inform our future FCS Programing. | | | |
| | | | |
| What challenges do Cooperative Extension and/or Family & Consumer Sciences face in your state? | | | |

To assist NEAFCS in future planning and communication, please list concerns your Affiliate has for the NEAFCS Board to address:

Meeting the evolving needs of MT families as evidence base grows on how to best do so.

Continuing to meet the healthy living needs of Montana residents through FCS programming.