

**WARREN COUNTY  
EMPLOYMENT & TRAINING ADMINISTRATION**

Northway Plaza Suite 13C  
PO Box 4393  
Queensbury, NY 12804

Chris A. Hunsinger  
Director

Telephone(518)743-0925  
Fax(518)743-0828

**Human Services Committee  
Employment & Training Agenda  
September 27, 2010**

1. Request resolution authorizing the following appointment to the SWW Workforce Investment Board (WIB).

| <u>Name</u>                                   | <u>Sector</u>      | <u>Term</u>        |
|---|--------------------|--------------------|
| Chris A. Hunsinger<br>Replacing William Resse | WIA Representative | 10/15/10 – 6/30/12 |

2. Request resolution for transfer of funds.

| <u>FROM CODE</u>                                | <u>TITLE</u>       | <u>TO CODE</u>   | <u>TITLE</u>         | <u>AMOUNT</u> |
|---|--------------------|------------------|----------------------|---------------|
| Workforce Investment Adult<br>40 6293.0300 110  | Salaries – Regular | 40 6293.0300 130 | Salaries – Part Time | \$178         |
| WIA Adult Stimulus<br>40 6293.0345 433          | Training – Client  | 40 6293.0345 110 | Salaries –Regular    | \$2,351       |
| WIA Youth Stimulus<br>40 6293.0347 470          | Contract           | 40 6293.0347 110 | Salaries – Regular   | \$1,000       |
| WIA Administration Stimulus<br>40 6293.0343 110 | Salaries - Regular | 40 6293.0348 130 | Salaries – Part Time | \$1,058       |
| Summer TANF<br>40 6326. 110                     | Salaries - Regular | 40 6326. 130     | Salaries – Part Time | \$774         |

3. Report on 2010 Summer Youth Program.
4. Request for Letter Agreement of Support from WAIT House
5. Other Business.

## ***RESOLUTION REQUEST FORM NO. 1***

### ***Request to Appoint or Reappoint Member of Committee, Board or Agency\****

***\*If more than one person is being appointed, please attach additional sheets***

**DEPARTMENT NAME: Employment and Training**

**DATE: 9/10/10**

- (a) Name of Appointee: Chris A. Hunsinger
- (b) Is this a Reappointment? no      If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title Director, Warren County Employment and Training Administration
- (e) Address of Appointee: Warren County One Stop Career Center, P.O. Box 4393, Queensbury, NY 12804
- (f) Title of Appointment: Workforce Investment Board Member
- (g) Effective Date of Appointment: 10/15/10
- (h) Termination Date of Appointment: 6/30/12
- (i) Name of Person Being Replaced (if applicable): William Resse
- (j) Reason for Replacement: New hire

# RESOLUTION REQUEST FORM NO. 10

## Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: EMPLOYMENT AND TRAINING ADMINISTRATION  
Name of Department

SIGNED: *Chris A. Hunsing* DATE: 9/27/10

| <u>FROM CODE</u>                                | <u>TITLE</u>       | <u>TO CODE</u>   | <u>TITLE</u>         | <u>AMOUNT</u> |
|---|--------------------|------------------|----------------------|---------------|
| Workforce Investment Adult<br>40 6293.0300 110  | Salaries – Regular | 40 6293.0300 130 | Salaries – Part Time | \$178         |
| WIA Adult Stimulus<br>40 6293.0345 433          | Training – Client  | 40 6293.0345 110 | Salaries - Regular   | \$2,351       |
| WIA Youth Stimulus<br>40 6293.0347 470          | Contract           | 40 6293.0347 110 | Salaries – Regular   | \$1,000       |
| WIA Administration Stimulus<br>40 6293.0343 110 | Salaries - Regular | 40 6293.0348 130 | Salaries – Part Time | \$1,058       |
| Summer TANF<br>40 6326. 110                     | Salaries - Regular | 40 6326. 130     | Salaries – Part Time | \$774         |

Please state reason for transfers requested: To align budget with grant activities and to cover unanticipated part-time salaries.

\*Please note: All amounts must be in whole dollars – no cents.

### CONTINGENT FUND TRANSFER REQUESTS

| <u>FROM CODE</u> | <u>TITLE</u>  | <u>TO CODE</u> | <u>TITLE</u> | <u>AMOUNT</u> |
|------------------|---|----------------|--------------|---------------|
| A.1990 469       | Contingent Account-<br>Other Payments/Contributions |                |              |               |

Please state reason for transfer request:  
Please file original request with Clerk of the Board and retain copy for your records.

NOTE: All requests involve federal grant funds; no local county funds are included.

# **RESOLUTION REQUEST FORM NO. 20**

## **MISCELLANEOUS**

***\*Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.  
Please attach any backup information available and be as detailed as possible.***

**DEPARTMENT NAME: EMPLOYMENT AND TRAINING**

**DATE: September 27, 2010**

- (a) Purpose of Request: Letter Agreement of support services for a grant application.
  
- (b) Details: WAIT House provides housing and support services to area youth. They are requesting a letter agreement as evidence of support for a grant application to NYS Office of Temporary and Disability Assistance. The services stated are standard services provided by Employment and Training.
  
- (c) Previous Resolution Number: none
  
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: no funds are required. (Employment and Training is funded entirely from federal grant funds, no additional funds are needed as a result of the request.)

**Sample: A.8021 470 Planning & Community Development – Contract**

\* as listed in budget and LOGOS

Warren Washington Counties Homeless Youth Coalition  
2010 Supportive Housing for Families and Youth Grant Application  
Letter of Agreement  
WAIT House  
and Warren County Employment and Training

WAIT House is applying to the NYS Office of Temporary and Disability Assistance for funds for its Transitional Living Program at 10-12 Wait St. Glens Falls, NY. This program will serve homeless pregnant and parenting youth ages 16-21. An agreement has been reached between WAIT House and Warren County Employment and Training to provide services for consumers for both agencies as described below:

WAIT House will:

- accept referrals from its partner agencies, assessing the applicant according to the established eligibility criteria for the program
- provide housing for each resident
- provide 24 hour staffing
- maintain the facility so that it remains in good condition and is free from health and safety hazards
- assist residents in accessing the services to achieve their goals and improve their quality of life, including; permanent housing, gainful employment, continuing education and a healthy relationship with their children and their community.

Warren County Employment and Training will:

- Make referrals to WAIT House as appropriate
- Youth 14 - 21 who are *deemed eligible* can be enrolled in:  
Warren Co. Employment & Training operated Summer Youth Employment Program;  
and/or referred to other service providers for appropriate year-round services.
- Provide the following elements must be in place for all enrolled youth:  
Tutoring, study skills training, and instruction leading to completion of secondary school, including dropout prevention strategies; Alternative secondary school services; Paid/unpaid work experiences; Occupational skill training (if funding is available); Leadership development opportunities; Supportive services; Adult mentoring; Comprehensive guidance and counseling
- A youth may avail him/herself of informational or self-help services through the One Stop with additional assistance from NYS Department of Labor staff for:  
Job Search  
Labor Market Information  
Labor Law Information  
Career Zone  
Resume Assistance

Date of Agreement: September 15, 2010  
For WAIT House:

|  |  |  |
|--|--|--|
| <hr style="border: none; border-top: 1px solid black;"/> | Duane J. Vaughn  | Executive Director                                       |
| Signature  | Name   | Title  |
|  |  |  |
| <hr style="border: none; border-top: 1px solid black;"/> | <hr style="border: none; border-top: 1px solid black;"/> | <hr style="border: none; border-top: 1px solid black;"/> |
| Signature  | Name   | Title  |