

**WARREN COUNTY  
EMPLOYMENT & TRAINING ADMINISTRATION**

Chris A. Hunsinger  
Director

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**Human Services Committee**

**Employment and Training Administration Agenda  
February 24, 2011**

1. Affirm Appointments to the Saratoga-Warren-Washington Workforce Investment Board, Emerging Worker (Youth) Council (Resolution Request Form No. 1s attached)

Sharon Sano, Senior Counselor, Employment & Training  
Margaret Sing Smith, Director Youth Council  
Lynn Ackershoek, Executive Director Warren-Hamilton Community Action Agency

2. Consideration to Amend Budget (Resolution Request Form 7 attached)

Appropriation Code - 40.6293.0342 433 - Regional Transformation/13N, Training -  
Client - \$12,000

Revenue Code - 40.4791- Regional Transformation/13N - \$ 12,000

3. Funding Update
4. 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 & Training**

**DATE: 3/18/11**

- (a) Name of Appointee: Sharon Sano
- (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 Senior Counselor, Employment & Training
- (e) Address of Appointee: PO Box 4393, Queensbury, NY 12804
- (f) Title of Appointment: Member of Saratoga-Warren-Washington Workforce Investment Board Emerging Worker Council
- (g) Effective Date of Appointment: 2/23/11
- (h) Termination Date of Appointment: 2/23/14
- (i) Name of Person Being Replaced (if applicable): none
- (j) Reason for Replacement:

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

**DEPARTMENT NAME: Employment & Training**

**DATE: 3/18/11**

- (a) Name of Appointee: Margaret Sing Smith
- (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 Youth Bureau
- (e) Address of Appointee: Warren County Municipal Center, 1340 State Rt. 9  
Lake George, NY 12804
- (f) Title of Appointment: Member of Saratoga-Warren-Washington Workforce Investment Board Emerging Worker Council
- (g) Effective Date of Appointment: 2/23/11
- (h) Termination Date of Appointment: 2/23/14
- (i) Name of Person Being Replaced (if applicable): none
- (j) Reason for Replacement:

## ***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 & Training**

**DATE: 3/18/11**

- (a) Name of Appointee: Lynn Ackershoek
- (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 Executive Director, Warren-Hamilton Community Action Agency
- (e) Address of Appointee: PO Box 968, Glens Falls, NY 12801
- (f) Title of Appointment: Member of Saratoga-Warren-Washington Workforce Investment Board Emerging Worker Council
- (g) Effective Date of Appointment: 2/23/11
- (h) Termination Date of Appointment: 2/23/14
- (i) Name of Person Being Replaced (if applicable): none
- (j) Reason for Replacement:

# ***RESOLUTION REQUEST FORM NO. 7***

## ***Request to Amend County Budget\****

*\*If this is the result of a grant award, also complete and submit Form No. 5 or 6*

**DEPARTMENT NAME: Employment and Training Administration**

**DATE: February 24, 2011**

- (a) Purpose of Amendment: add federal funds to county budget to reimburse training at BOCES
  
- (b) Appropriation Code, Object Code, Full Title and Amount: 40.6293.0342 433 - Regional Transformation/13N, Training - Client - \$12,000

**Sample: A.1010 470 Legislative Board – Contract**

- (c) Revenue Code (with title), and Amount: 40.4791- Regional Transformation/13N - \$ 12,000

**Sample: A. 6417.2654 Tourism Occupancy – Minor Sales – Tourism**

\*Please note all amount must be in whole dollars – no cents.