

**WARREN COUNTY  
EMPLOYMENT & TRAINING ADMINISTRATION**

Chris A. Hunsinger  
Director

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

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

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**Human Services Committee  
Employment and Training Administration  
REVISED Agenda**

**June 2, 2011 - 10:45 AM**

1. Consideration to Amend Budget for Summer Youth Program (Resolution Request Form 7 attached)
2. Request resolutions for Temporary Positions/Training Slots and Temporary Part-Time Training and Employment Counselor
3. Request resolutions authorizing contracts/agreements for youth services as follows:
  - a. Request resolution for summer youth employment contract with WSWHE BOCES for the period beginning on or after 6/28/11 through no later than 9/3/11 to provide crew chef/instruction services for an amount not to exceed \$14,224.
  - b. Request resolution authorizing agreements and contracts with Saratoga county E&T and/or Washington county EOC/ETA for the operation of WIA youth programs for the period 7/1/11-6/30/12. These are for additional WIA funds provided to our county which were awarded to us through a competitive process.
4. Permission to host meeting: Summer Youth Program Award Ceremony/Picnic on 8/18/10.
5. Request Resolution for appointments/reappointments to the Saratoga-Warren-Washington Workforce Investment Board for the term 7/1/11-6/30/14 (unless otherwise noted).

| <u>Name</u>         | <u>Sector</u>    | <u>Company/Agency</u>                                       |
|---------------------|------------------|---|
| Re-Appointments     |                  |   |
| a. Lynn Achershoeck | Community Agency | Warren-Hamilton Community Action                            |
| b. Scott Martel     | Union            | Local 773 Plumbers and Steamfitters                         |
| c. Sheila Weaver    | Social Services  | Warren County (term 7/1/11 – 6/30/12)                       |
| New Appointments:   |                  |   |
| a. Marti Burnley    | Business         | Hudson Headwaters Health Network<br>(term 7/1/11 – 6/30/13) |
| b. Kimberly Burns   | Business         | Glens Falls Hospital  |
| c. Tracey Riley     | Business         | Finch Paper, LLC<br>(term 7/1/11 – 6/30/12)                 |

6. Review of WIB budget. Saratoga County will continue to contract for the WIB staffing services on behalf of all three counties. Request resolution authorizing the following (ref. res. # 423 of 2010)
  - a. Approval of the WIB systems budget,

- b. Resolution Request to Authorize the Chairman of the Board to execute related MOU cost allocation plan (CAP) for the period 7/1/11-6/30/12. The cost to Warren County E&T shall not exceed their reconciled fair share of system/center costs based on the approved WIB budget and CAP, and the only source of funds to be paid by Warren County will be funds received for such purpose through federal or state grant sources.

7. Other Business

- a. Warren County Employee Suggestion Program recognition (Resolution Request 20)
- b. WAIT House MOU Request

8. Adjournment



NEW YORK STATE  
 OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
 40 NORTH PEARL STREET  
 ALBANY, NEW YORK 12243-0001

Andrew M. Cuomo  
 Governor

May 16, 2011

Mr. Robert Hummel  
 Executive Director  
 Saratoga/Warren/Washington  
 Workforce Investment Board  
 605 Palmer Avenue  
 Corinth, New York 12822

Dear Mr. Hummel:

I am pleased to inform you that \$162,073 will be made available to you to support the 2011 Summer Youth Employment Program (SYEP).

The local departments of social services (DSS) listed below have requested that OTDA redirect their 2011 SYEP allocation to you to operate this summer's program.

| <u>Local DSS</u> | <u>SYEP Allocation</u> |
|------------------|------------------------|
| Saratoga         | \$83,737               |
| Warren           | \$42,986               |
| Washington       | \$35,350               |

While OTDA's role is to facilitate the transfer of funds to you, you will need to work closely with your local DSS to incorporate their needs and priorities into the design of the local summer youth employment program. As with last year's program, you will need to ensure that the funds allocated by each county are dedicated to serving youth from that county.

Program and fiscal guidelines are now being finalized and will be forwarded to you shortly. We do not plan to depart significantly from the rules that governed last year's program.

I look forward to another successful summer program. If you have any questions, please contact Melissa Alexander at (518) 473-3018.

Sincerely,

s/RS/5-16-11

Russell Sykes  
 Deputy Commissioner  
 Center for Employment and Economic Supports

cc: Commissioner Christopher

*"providing temporary assistance for permanent change"*

# **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: June 2, 2011**

- (a) Purpose of Amendment: add state grant funds to county budget to administer Summer Youth Employment Program
  
- (b) Appropriation Code, Object Code, Full Title and Amount: 40.6326.0110 - TANF Summer, Salaries - Regular - \$8,600; 40.6326.0130 - TANF Summer, Salaries - Part Time - \$25,286; 40.6326.0470 - TANF Summer, Contract - \$5,500; 40.6326.0830 - TANF Summer, Social Security - \$2,600; 40.6326.0860 - TANF Summer, Hospitalization - \$1,000.

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

- (c) Revenue Code (with title), and Amount: 40.4786- TANF Summer - \$42,986.

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

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

# ***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: 6/2/11**

- (a) Purpose of Request: Authorizing temporary positions of employment and training
  
- (b) Details: To establish training slots and related expenses for federal employment and training programs for the period 7/1/11-6/30/12. (see attached Schedule A)
  
- (c) Previous Resolution Number: 424 of 2010

**SCHEDULE "A"**  
**Temporary Positions/Training Slots**  
**7/1/11-6/30/12**

| <b>EST. NO. OF JOBS/TRAINING SLOTS</b>      | <b>TITLE</b> | <b>DEPT.</b> | <b>ALLOWANCES/WAGES</b>   |
|---|--------------|--------------|---|
| <b>Title I – Adult</b>                      |              |              |   |
| 50 Training slots                           | N/A          | WIA-Adult    | Training stipend per approved job training plan/WIB policies. * |
| 2 Jobs                                      | Aides        | WIA-Adult    | See below**   |
| <b>Title I - Youth Employment Programs</b>  |              |              |   |
| 10 Training slots                           | N/A          | WIA-Youth    | See below*  |
| 50 Jobs (summer & in school youth programs) | Aides        | WIA-Youth    | See below**   |
| 20 Jobs – out of school youth               | Aides        | WIA-Youth    | See below***  |
| <b>Title I – Dislocated Workers</b>         |              |              |   |
| 50 Training slots                           | N/A          | WIA-D/W      | See below*  |
| <b>Trade Act Programs</b>                   |              |              |   |
| Training slots (per DOL)                    | Aides        | Trade Act    | See below*  |
| <b>Summer TANF</b>                          |              |              |   |
| 30 Jobs                                     | Aides        | Summer TANF  | See below**   |
| <b>Summer Jobs Express!</b>                 |              |              |   |
| 20 Jobs                                     | Aides        | WIA - Youth  | See below**   |

\*Plus tuitions, books and related training fees, testing/certification/licensing fees, child care, on-line training licenses, transportation and mileage payments, needs related payments, trade act job search/relocation allowances and other financial payments made to or on behalf of program participants consistent with the job training plan, federal trade act or applicable WIA and WIB approved policies. Subject to availability of funds.

\*\*\$7.25/hr. for public/non profit sector worksites. Maximum up to entry-level wage rate for individual private sector worksite placements.

\*\*\*\$7.25/hr. for public/non profit sector worksites with one performance increase of \$.25/hr. as approved by the Employment and Training office. May also pay up to entry level wage rate for individual private sector worksite placements.

Note: Wages subject to adjustment as needed to comply with minimum wage requirements.

Note: References to above funding streams (adult, etc.) will be inclusive of all types of funds allocated including basic formula funds, incentive funds, supplemental funds, recovery act funds or other similar funding made available to the county by the NYS Dept. of Labor for workforce related activities.

# ***RESOLUTION REQUEST FORM NO. 11***

## ***Request to Create New Position***

**DEPARTMENT NAME:** Employment & Training

**DATE:** 6/2/11

- (a) Title of Requested Position: Employment and Training Counselor
- (b) Annual **Base** Salary (and Grade if Applicable): grade 9 - \$31,289
- (c) Effective Date for New Position:\* 6/21/10 (this is a temp. position to last no longer than 9/30/11)  
\*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department=s Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable): NA
- (e) Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount: This is contingent upon receiving additional state or federal funds for operation of a summer youth employment program.  
40 6293 0310 110 - WIA Youth - Salaries-Regular
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.) yes - last year Resolution 432 of 2010
- (g) Is this a mandated position? If so, please explain: temp position created contingent upon increased program activities if additional state or federal funds are received.
- (h) Is there expected revenue from this position? If so, please explain: 100% grant funded through WIA and/or TANF.

## ***RESOLUTION REQUEST FORM NO. 3***

### ***Request for New Contract***

**DEPARTMENT NAME: Employment and Training**

**DATE: 6/2/11**

- (a) Is this a Result of a Bid or Request for Proposal? no
  
- (b) Purpose of Contract: To provide employment and training services for the summer youth employment program.
  
- (c) Name of Contractor: Washington-Saratoga-Warren-Hamilton-Essex Board of Cooperative Educational Services (BOCES)
  
- (d) Address of Contractor: 1153 Burgoyne Ave., Suite2, Fort Edward, NY 12828
  
- (e) Contractor's Contact Person and Telephone Number: Denise Pallozzi, 581-3552
  
- (f) Has or will the Contract be provided, if so, please attach:
  
- (g) Commencement Date of Contract: on or after 6/27/11
  
- (h) Termination Date of Contract: no later than 9/2/11
  
- (i) Payment Provisions:
  - i) lump sum amount
  - ii) hourly rate amount
  - iii) total amount not to exceed \$14,224
  - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. cost reimbursement at completion
  
- (j) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: WIA youth - 40 6293 0310 470

# ***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: 6/2/11**

- (a) Purpose of Request: Authorizing agreements/contracts with Saratoga County E&T and/or Washington County EOC/ETA for Warren County Employment and Training to operate WIA youth program.
  
- (b) Details: This will allow Warren County to continue to operate the WIA year round youth program services for the period 7/1/11-6/30/12 and may be renewed yearly as may be approved by Saratoga E&T.
  
- (c) Previous Resolution Number: 422 of 2010

# Warren County Request to Host Meeting or Conference

**Name of Department:** Employment and Training

**Name of Meeting/Conference:** Summer youth awards ceremony/picnic

**Date:** 8/18/10 (estimated date)

**Location:** Crandall Park, Glens Falls

**Purpose:** Awards ceremony for youth workers

**Contact Person:** (If other than Department Head) Sharon Sano

**Phone No.:** 824-8867

**Number of People attending:**

20 County Employees

2-4 State Employees

Volunteers

100 Others (specify) youth workers, worksite supervisors, guests

**Cost to County** (please include amounts):

Room rental \$0

Food/beverage \$ 150.00 est.

Supplies \$ 100.00 est.

Other (specify) \$

**Total Cost:** \$ 250.00 est.

**Dept Head Approval:**

**Committee Chairman Approval:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Date**

## ***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 Administration**

**DATE: June 2, 2011**

- (a) Name of Appointee: Lynn Achershock
- (b) Is this a Reappointment? yes      If so, please provide the Resolution No. which authorized the last appointment of this individual June 2008
- (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 Partner Agency, Warren-Hamilton Community Action Agency
- (e) Address of Appointee: P.O. Box 968, 190 Maple Street, Glens Falls, NY 120801
- (f) Title of Appointment: Saratoga-Warren-Washington Counties Workforce Investment Board
- (g) Effective Date of Appointment: July 1, 2011
- (h) Termination Date of Appointment: June 30, 2014
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement: term expired

## ***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 Administration**

**DATE: June 2, 2011**

- (a) Name of Appointee: Scott Martel
- (b) Is this a Reappointment? yes      If so, please provide the Resolution No. which authorized the last appointment of this individual 12/16/08
- (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 Local 773 Plumbers and Steamfitters
- (e) Address of Appointee: PO Box 1343, South Glens Falls, NY 12803
- (f) Title of Appointment: Saratoga-Warren-Washington Counties Workforce Investment Board
- (g) Effective Date of Appointment: July 1, 2011
- (h) Termination Date of Appointment: June 30, 2014
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement: term expired

## ***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 Administration**

**DATE: June 2, 2011**

- (a) Name of Appointee: Sheila Weaver
- (b) Is this a Reappointment? yes      If so, please provide the Resolution No. which authorized the last appointment of this individual 6/12/09
- (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 Partner Agency, Warren County Social Services
- (e) Address of Appointee: 1340 State Route 9, Lake George, NY 12804
- (f) Title of Appointment: Saratoga-Warren-Washington Counties Workforce Investment Board
- (g) Effective Date of Appointment: July 1, 2011
- (h) Termination Date of Appointment: June 30, 2012
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement: term alternates every other year with Washington County DSS

# ***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 Administration**

**DATE: June 2, 2011**

- (a) Name of Appointee: Marti Burnley
- (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 Business Sector - Hudson Headwaters Health Network
- (e) Address of Appointee: 9 Carey Road, Queensbury, NY 12804
- (f) Title of Appointment: Saratoga-Warren-Washington Counties Workforce Investment Board
- (g) Effective Date of Appointment: July 1, 2011
- (h) Termination Date of Appointment: June 30, 2013
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement: fill vacant position on the WIB

## ***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 Administration**

**DATE: June 2, 2011**

- (a) Name of Appointee: Kimberly Burns
- (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 Business Sector - Glens Falls Hospital
- (e) Address of Appointee: 100 Park Street, Glens Falls, NY 12801
- (f) Title of Appointment: Saratoga-Warren-Washington Counties Workforce Investment Board
- (g) Effective Date of Appointment: July 1, 2011
- (h) Termination Date of Appointment: June 30, 2014
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement: fill vacant position on the WIB

## ***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 Administration**

**DATE: June 2, 2011**

- (a) Name of Appointee: Tracey Riley
- (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 Business Sector - Finch Paper, LLC
- (e) Address of Appointee: One Glen Street, Glens Falls, NY 12801
- (f) Title of Appointment: Saratoga-Warren-Washington Counties Workforce Investment Board
- (g) Effective Date of Appointment: July 1, 2011
- (h) Termination Date of Appointment: June 30, 2012
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement: fill vacant position on the WIB

# ***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: 6/2/11**

- (a) Purpose of Request: Request resolution authorizing the following:
  - 1. Approval of the WIB budget for the period 7/1/11-6/30/12
  - 2. The chairman to execute the SWW WIB MOU cost allocation plan (CAP) for the period 7/1/11-6/30/12
  
- (b) Details: The MOU for the SWW workforce area covers the period 7/1/10 and is ongoing until modified with new WIB budgets and MOU cost allocation plans to be approved annually. The cost to Warren County E&T for any given year's CAP is paid from federal funds provided for such purpose and will not exceed the amount identified in the cost allocation plan.
  
- (c) Previous Resolution Number: 423 of 2010



|                            |                  |  |  |  |  |                  |
|----------------------------|------------------|--|--|--|--|------------------|
| <b>WIB</b>                 |                  |  |  |  |  | <b>Estimated</b> |
| Salaries                   | \$ 57,368        |  |  |  |  | Partner Share**  |
| Benefits                   | \$ 15,444        |  |  |  |  |                  |
| WIB Staff Educ.            | \$ 1,000         |  |  |  |  |                  |
| Mileage                    | \$ 4,000         |  |  |  |  |                  |
| Phone/PC Broadband         | \$ 1,600         |  |  |  |  |                  |
| Office Exp. Postage, Supp. | \$ 3,000         |  |  |  |  |                  |
| Equipment/Projector        | \$ 1,700         |  |  |  |  |                  |
| Meetings                   | \$ 2,000         |  |  |  |  |                  |
| Marketing                  | \$ 2,000         |  |  |  |  |                  |
| Miscellaneous              | \$ 1,500         |  |  |  |  |                  |
| Fee                        | \$ 7,745         |  |  |  |  |                  |
| <b>Total Expenses</b>      | <b>\$ 97,357</b> |  |  |  |  |                  |

| Partner           | # of FTE's   | Cost Per FTE       | Estimated Partner Share** |
|-------------------|--------------|--------------------|---------------------------|
| VESID             | 7.50         | \$ 2,491.86        | \$ 18,689                 |
| NYSDOL            | 12.00        | \$ 2,491.86        | \$ 29,902                 |
| OFA/SWW           | 0.10         | \$ 2,491.86        | \$ 249                    |
| ACC               | 0.10         | \$ 2,491.86        | \$ 249                    |
| NY State Ed/BOCES | 2.01         | \$ 2,491.86        | \$ 5,009                  |
| Saratoga E&T      | 6.10         | \$ 2,491.86        | \$ 15,200                 |
| Warren E&T        | 5.76         | \$ 2,491.86        | \$ 14,353                 |
| Washington E&T    | 5.50         | \$ 2,491.86        | \$ 13,705                 |
| <b>Total</b>      | <b>39.07</b> | <b>\$ 2,491.86</b> | <b>\$ 97,357</b>          |

For purposes of the cost allocation plan a staff person's time is included in the FTE count if:

- 1-The staff person is funded by a federal source that requires the entity's participation in the Workforce Investment Act's One Stop system, and
- 2-The staff person is assigned to work in the SWW workforce investment area.

For example, an individual working in the SWW workforce area full time equals 1 FTE, half time equal .5 FTE's etc.

\*\*Final share based upon actual expenditures as determined by reconciliation.

# **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 Administration**

**DATE: May 19, 2011**

- (a) Purpose of Request: Warren County Employee Suggestion Program recognition for Julie Montero, Employment and Training Fiscal Manager
  
- (b) Details: Recently, Julie took the initiative that resulted in a \$2,000 savings to Warren County Employment and Training. One of our vendors is Metrix Learning. Metrix provides on-line learning services for customers. On April 14, we were quoted prices for new licenses. Julie contacted the vendor and inquired if the three counties in the Workforce Investment Board placed an order would the vendor give each county the bulk price; the vendor agreed. Julie not only saved Warren County \$2,000, her initiative also saved Saratoga and Washington Counties \$2,000 each.
  
- (c) Previous Resolution Number: none
  
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: 40 6293.0300.496 - WIA Adult Compensation Awards - \$100.

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

\* as listed in budget and LOGOS



Welcoming Adolescents in Transition

10-12 Wait Street, PO Box 3252, Glens Falls, NY 12801 • [www.hycwaithouse.org](http://www.hycwaithouse.org)  
Shaller 518.798.4384 • Fax 518.798.7593 • Administrative Office 518.798.2077 • Office Fax 518.798.4384

June 1, 2011

Mr. Chris A. Hunsinger  
Warren County Employment and Training  
Northway Plaza  
Queensbury, NY 12804

Dear Mr. Hunsinger,

Enclosed are two copies of a linkage agreement between WAIT House and the Warren County Employment and Training. This is required for CAPTAIN Youth and Family Services Basic Center Grant Application that will include WAIT House as a sub-contractor. This grant is due June 24<sup>th</sup>.

If you could sign one copy and return it to me that would be great! If you have any questions, please give me a call at 798-2077.

Sincerely,

*Anne M. Fuller*

Anne M. Fuller  
Director of Development

Paul Campbell, *President* Sharon Sano, *1<sup>st</sup> Vice-President* Krls Hatch *2<sup>nd</sup> Vice President*  
Mickey S. Orta, *Treasurer* Joan Jenkin, *Secretary*  
*Members* Dan Burke John Cordes Joan Grishkot Patti Jo Hicks Dr. Roger Levac Kay Morrissey  
Rev. LaMont Robinson Mary Withington, Esq.  
Duane J. Vaughn, *Executive Director* Lisa Harrington, *Case Manager* Katelyn Phelps, *Case Manager*  
Margaret DeVries, *Aftercare Coordinator* Anne M. Fuller, *Director of Development* Judith Wolfe, *Finance Manager*

Linkage Agreement Between  
WAIT House  
and  
Warren County Employment and Training

CAPTAIN Youth and Family Services is applying for a Basic Center Grant from the Department of Health and Human Services Administration for Children, Youth and Families. CAPTAIN Youth and Family Services as lead agency and WAIT House as a sub-contractor will provide emergency shelter and services to homeless youth ages 13-18. An agreement has been reached between WAIT House and Warren County Employment and Training to provide services to 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 at an affordable rate
  - 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:

- accept referrals from WAIT House
- provide services to WAIT House clients consistent with services provided to the general public as appropriate, to include:
  - job search
  - labor market information
  - labor law information
  - career exploration
  - resume assistance

consider youth ages 14-21 who are deemed eligible for enrollment in the Warren County Employment and Training Summer Youth Employment Program or Year-Round Youth Program

Date of Agreement: June 1, 2011

For WAIT House:



Duane J. Vaughn

Executive Director

Signature

Name

Title

Chris A. Hunsinger

ETA Director

Signature

Name

Title