

**WARREN COUNTY
EMPLOYMENT & TRAINING ADMINISTRATION**

Chris A. Hunsinger
Director

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**Human Services Committee
Employment and Training Administration**

REVISED AGENDA

July 22, 2011 – 11:15 AM

1. Resolution Request for New Contract with BOCES – GED/Basic Skills Instruction 2011-2012 School Year
(Resolution Request Form 3 attached)
2. Consideration to Amend Budget
(Resolution Request Form 7 attached)
 - a. Adult Supplemental Funding
 - b. Transfer of Youth Salaries from Regular to Overtime
3. Request Permission to Attend Workforce New York 2011 Fall Conference
(Authorization Request Form Attached)
4. Other Business – Summer Youth Awards Ceremony Tuesday, August 16 at noon
5. Adjournment

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Employment and Training

DATE: 7/22/11

- (a) Is this a Result of a Bid or Request for Proposal? No. Educational services obtained through BOCES are exempt.
- (b) Purpose of Contract: To provide GED/basic skills instructional services for the WIA 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: Caren Snell, 581-3560
- (f) Has or will the Contract be provided, if so, please attach: to be developed
- (g) Commencement Date of Contract: on or after 10/1/11
- (h) Termination Date of Contract: no later than 6/30/12
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$12,600
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. quarterly cost reimbursement
- (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 contract - 40 6293 0310 470

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: July 22, 2011

- (a) Purpose of Amendment: add federal funds to county budget to reimburse training for eligible adults

- (b) Appropriation Code, Object Code, Full Title and Amount: 40.6293.0301 433 - WIA Adult Supplemental, Training-Client - \$15,046

Sample: A.1010 470 Legislative Board – Contract

- (c) Revenue Code (with title), and Amount: 40.4791- WIA - \$15,046.

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

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

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. Hunsig* DATE: 7/22/11

| <u>FROM CODE</u> | <u>TITLE</u> | <u>TO CODE</u> | <u>TITLE</u> | <u>AMOUNT</u> |
|----------------------------------|--------------|------------------------------------|--------------|---------------|
| 40.6293.0310 | | 40.6293.0310 | | |
| 110 WIA Youth Salaries - Regular | | 120 WIA Youth Salaries - Overtime. | | \$1,000.00 |

Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx

Please state reason for transfers requested:

*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- Other Payments/Contributions | | | |

Please state reason for transfer request: transfer funds within an account code from Salaries - Regular to Salaries – Overtime to account for anticipated overtime in the coming year.

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

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Human Services hereby authorizes Chris Hunsinger & Sharon Sano
(Supervisory Committee) (Employee Name)

to attend Workforce New York 2011 Fall Conference
(Name of meeting or organization)

at The Desmond Albany Hotel, 660 Albany Shaker Road, Albany, NY 12211
(Address)

on October 18-19, 2011. Mode of transportation to be used County Vehicle
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

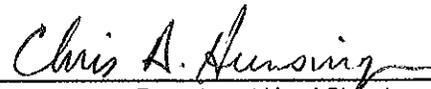
- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____ GSA* Rate \$ _____
- Meal costs - GSA*per diem rate \$ _____

*www.gsa.gov

Date: 7/22/11


Department Head Signature

Date: 7/22/11


Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

- REQUEST FOR USE OF FLEET VEHICLE**

Filing Instructions:

2011 Workforce NY Fall Conference Registration Form
(You May Also Register On-Line Through the NYATEP Website: www.nyatep.org)

The 2011 NYATEP / NYSDOL Workforce New York Fall Conference

October 18-19, 2011

Desmond Hotel, 660 Albany Shaker Road, Albany, NY

Name Chris Hunsinger Title Director

Name Sharon Sano Title Senior Counselor

Agency Warren County Employment and Training Administration

Address PO Box 4393, Queensbury, NY 12804

Phone 518-743-0925 Fax 518-743-0828

E-mail hunsingerc@co.warren.ny.us

Registration Fees for the Fall Conference

Please check applicable options below:

| | |
|--|---------------------------------|
| Member Early Bird Rate (Received By 9/16/11) | \$400.00 <u>X</u> (x 2 = \$800) |
| Member Regular Rate (Received after 9/16/11) | \$450.00 _____ |
| Non-Member Early Bird Rate (Received by 9/16/11) | \$470.00 _____ |
| Non member Regular Rate (Received after 9/16/11) | \$520.00 _____ |

Would You Be Interested In Being a Moderator For A Workshop Session: Yes No

Check As Appropriate: I require Kosher Meals _____

I require Vegetarian Meals _____

I have a **Disability** that requires accommodation _____ (Please Attach Description of Needs)

Conference Rate includes registration fee, materials, continental breakfast and lunch (10/18 & 10/19), and breaks.
There is a \$100 Cancellation Fee for cancellations after 10/7/11. You must call the NYATEP office to cancel prior to 10/7/11 to avoid this fee. Substitutions allowed at any time. No-Shows must pay the Full Registration Fee.

I have enclosed: Check Voucher Purchase Order
(Make checks payable to NYATEP)

For Credit Card Payment Circle One: Visa MasterCard American Express

_____ Expiration Date _____

Return this form via mail or fax or register on-line at www.nyatep.org before 10/7/11

NYATEP, 540 Broadway, 5th Floor, Albany NY 12207

Fax: 518-433-7424 Phone: 518-433-1200

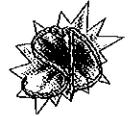
HOTEL RESERVATION INFORMATION:

You are responsible for making your own room reservations and paying lodging expenses. The room rate at the Desmond Hotel is \$104.00 single/double. Call 1-800-448-3500 to make reservations. To receive this special group rate, please identify the group's ID # as: 11U06V. To receive this rate, reservations must be made by September 28, 2011. Be sure to say you are with the NYATEP Conference.

How do I know if I'm registered? You will receive a confirmation via email or mail depending on how you registered.

Can I register by telephone? We prefer that you register by mail or fax or on-line at www.nyatep.org.

You're Invited



to the annual
**Warren County
Youth Employment Program**

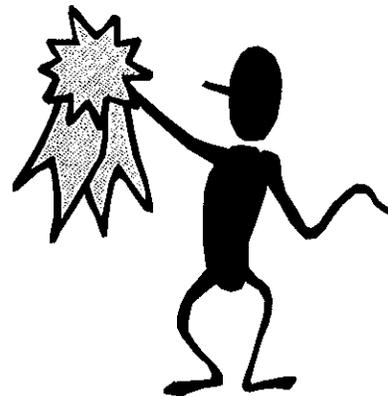
Awards Ceremony

Tuesday, August 16, 2011

@ 12 noon

NOTE: CHANGE OF DAY

At the Pavilion
in **Cherry Hill Park**
Glens Falls



Food & Soda for Everyone