

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: Office for the Aging

DATE: May 10, 2012

- (a) Purpose of Request: Authorizing the Chairman, County Administrator and OFA Director to implement Nutrition Site cost saving proposals from the Towns of Bolton, Chester, Lake Luzerne and Warrensburg.

- (b) Details: Total Combined Estimated Savings \$39,620

- (c) Previous Resolution Number:

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

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

* as listed in budget and LOGOS

**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

**Warren County
Human Services Committee**

AGENDA

April 30, 2012 – 10:45 AM

1. Consideration to Amend Budget (Resolution Request Form 7 attached)
Appropriation Code - 40.6293.0306 - WIA Dislocated Worker Supplemental - \$8,173
Revenue Code - 40.4791- WIA - \$8,173
2. Consideration to Amend Budget for Summer Youth Program (Resolution Request Form 7 attached)
3. Request Resolutions Authorizing Contracts/Agreements for youth services as follows:
 - a. Contract with WSWHE BOCES for the Summer Youth Employment Program.
 - b. Agreements and contracts with Saratoga County E&T and/or Washington County EOC for the operation of WIA Youth Program for the period 7/1/12-6/30/13.
4. Permission to host meetings:
 - a. Summer Youth Employment Program Orientation June/July 2012.
 - b. Summer Youth Program Award Ceremony/Picnic on 8/23/12.
5. Review and Approval of WIB Budget.
 - a. Resolution Request to Authorize the Chairman of the Board to execute related MOU cost allocation plan (CAP) for the period 7/1/12-6/30/13.
6. Request Resolution for Temporary Positions/Training Slots
7. Request Resolution Reappointments to the Saratoga-Warren-Washington Workforce Investment Board for the term 7/1/12-6/30/15.

| <u>Name</u> | <u>Sector</u> | <u>Company/Agency</u> |
|--------------------|----------------------|--|
| Chris A. Hunsinger | ETA Director | Warren County |
| John Wheatley | Economic Development | EDC Warren County |
| Peter Aust | Business Sector | Adirondack Regional Chamber of Commerce |
| Mike Perez | Private Industry | Angiodynamics |
| Tracey Riley | Private Industry | Finch Paper, LLC |

8. Other Business
9. Adjournment

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Employment and Training

DATE: 4/30/12

- (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 6/25/12

- (h) Termination Date of Contract: no later than 8/31/12

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$13,225
 - 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.
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DEPARTMENT NAME: Employment and Training

DATE: 4/30/12

- (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 7/1/12-6/30/13 and may be renewed yearly as approved by Saratoga E&T.

- (c) Previous Resolution Number: 348 of 2011

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

**Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
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DEPARTMENT NAME: Employment and Training

DATE: 4/30/12

- (a) Purpose of Request: Request resolution authorizing the following:
 - 1. Approval of the WIB budget for the period 7/1/12-6/30/13
 - 2. The chairman to execute the SWW WIB MOU cost allocation plan (CAP) for the period 7/1/12-6/30/13

- (b) Details: The MOU for the SWW workforce area covers the period 7/1/11 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: 349 of 2011

Saratoga - Warren - Washington Counties WIB Budget

| Description | 2011 | 2012 | Difference |
|----------------------------------|------------------|------------------|-----------------|
| Salaries | \$ 58,000 | \$ 58,000 | \$ - |
| Benefits | \$ 9,017 | \$ 4,437 | \$ (4,580) |
| Memberships/Education | \$ 1,000 | \$ 2,800 | \$ 1,800 |
| Mileage | \$ 3,500 | \$ 5,000 | \$ 1,500 |
| Phone/PC Broadband | \$ 2,400 | \$ 720 | \$ (1,680) |
| Office Expenses/Postage/Supplies | \$ 2,000 | \$ 3,600 | \$ 1,600 |
| Equipment | \$ 2,000 | \$ 1,600 | \$ (400) |
| Meetings | \$ 2,000 | \$ 2,500 | \$ 500 |
| Marketing | \$ 2,000 | \$ 3,000 | \$ 1,000 |
| Miscellaneous | \$ 1,500 | \$ 1,500 | \$ - |
| Fee | \$ 7,745 | \$ 7,745 | \$ - |
| Total Expenses | \$ 91,162 | \$ 90,902 | \$ (260) |

Warren County Board of Supervisors

RESOLUTION NO. 349 OF 2011

Resolution introduced by Supervisors Strainer, Girard, VanNess, Sokol, Bentley, Champagne and Wood

APPROVING WORKFORCE INVESTMENT BOARD (WIB) BUDGET FOR PROGRAM YEAR 2011-2012; AUTHORIZING MEMORANDUM OF UNDERSTANDING RELATING TO COST ALLOCATION PLAN WITH THE WIB AND OTHER AGENCIES SERVICES - EMPLOYMENT & TRAINING ADMINISTRATION

RESOLVED, that the Warren County Board of Supervisors, upon the review and recommendation of the Human Services Committee, hereby approves the Workforce Investment Board Budget for the Program Year July 1, 2011 to June 30, 2012, said budget being on file with the Clerk of the Board of Supervisors, and be it further

RESOLVED, that Warren County hereby authorizes a new cost allocation plan for the Memorandum of Understanding (MOU) with the WIB and other local agencies including Washington and Saratoga Counties, for the period commencing July 1, 2011 and terminating June 30, 2012, with the understanding that the cost to Warren County shall not exceed the County's reconciled fair share described in the cost allocation plan including the above described 2011-2012 budget, and further the Chairman of the Board be, and hereby is, authorized to execute said Memorandum of Understanding Cost Allocation Plan so long as: (1) the agreement is in a form approved by the County Attorney, and (2) that the only funds to be provided by Warren County toward this function will be funds received through Federal or State sources so designated for this purpose.

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
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DEPARTMENT NAME: Employment and Training

DATE: 4/30/12

- (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 7/1/12-6/30/13. (see attached Schedule A)

- (c) Previous Resolution Number: 350 of 2011

SCHEDULE "A"
Temporary Positions/Training Slots
7/1/12-6/30/13

| EST. NO. OF JOBS/TRAINING SLOTS | TITLE | DEPT. | ALLOWANCES/ WAGES |
|---|--------------|--------------|---|
| Title I – Adult | | | |
| 50 Training slots | N/A | WIA-Adult | Training stipend per approved job training plan/WIB policies. * |
| 2 Jobs | Aides | WIA-Adult | See below** |
| Title I - Youth Employment Programs | | | |
| 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*** |
| Title I – Dislocated Workers | | | |
| 50 Training slots | N/A | WIA-D/W | See below* |
| Trade Act Programs | | | |
| Training slots (per DOL) | Aides | Trade Act | See below* |
| Summer TANF | | | |
| 50 Jobs | Aides | Summer TANF | 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. 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: April 30, 2012

- (a) Name of Appointee: Chris A. Hunsinger
- (b) Is this a Reappointment? YES 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 Partner Agency, One Stop Operator
- (e) Address of Appointee: PO Box 4393, Queensbury, NY 12804
- (f) Title of Appointment: Saratoga-Warren-Washington Counties Workforce Investment Board
- (g) Effective Date of Appointment: July 1, 2012
- (h) Termination Date of Appointment: June 30, 2015
- (i) Name of Person Being Replaced (if applicable): N/A
- (j) Reason for Replacement: Term expires on June 30, 2012

Warren County Board of Supervisors

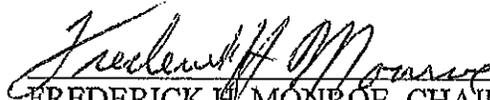
CERTIFICATE OF APPOINTMENT

I, FREDERICK H. MONROE, Chairman of the Warren County Board of Supervisors, pursuant to the power vested in me, DO HEREBY APPOINT the following named person as a member of the Saratoga-Warren-Washington Counties Workforce Investment Board, for the term set opposite his name:

APPOINTED:

| <u>NAME</u> | <u>SECTOR/AFFILIATION</u> | <u>TERM</u> |
|---|--|------------------------|
| Christopher A. Hunsinger (replacing William Resse) | Warren County Employment and Training, Director | 10/15/10 to 6/30/12 |

Dated: October 15, 2010



FREDERICK H. MONROE, CHAIRMAN
Warren County Board of Supervisors

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: April 30, 2012

- (a) Name of Appointee: John Wheatley
- (b) Is this a Reappointment? YES 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 Economic Development - EDC Warren County
- (e) Address of Appointee: 234 Glen Street, Glens Falls NY 12801
- (f) Title of Appointment: Saratoga-Warren-Washington Counties Workforce Investment Board
- (g) Effective Date of Appointment: July 1, 2012
- (h) Termination Date of Appointment: June 30, 2015
- (i) Name of Person Being Replaced (if applicable): N/A
- (j) Reason for Replacement: Term expires on June 30, 2012

Warren County Board of Supervisors

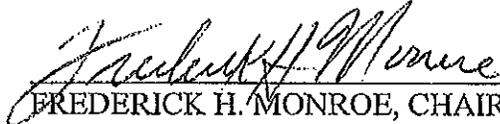
CERTIFICATE OF APPOINTMENT

I, FREDERICK H. MONROE, Chairman of the Warren County Board of Supervisors, pursuant to the power vested in me, DO HEREBY APPOINT the following named person as a member of the Saratoga-Warren-Washington Counties Workforce Investment Board, for the term set opposite his name:

APPOINTED:

| <u>NAME</u> | <u>SECTOR/AFFILIATION</u> | <u>TERM</u> |
|---------------|---|-------------------------|
| John Wheatley | Economic Development Corporation, Warren County, New York - Economic Development Specialist | 06/18/10 to 06/30/12 |

Dated: June 18, 2010


FREDERICK H. MONROE, CHAIRMAN
Warren County Board of Supervisors

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: April 30, 2012

- (a) Name of Appointee: Peter Aust
- (b) Is this a Reappointment? YES 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 - Adirondack Regional Chamber of Commerce
- (e) Address of Appointee: 136 Glen Street, Glens Falls, NY 12801
- (f) Title of Appointment: Saratoga-Warren-Washington Counties Workforce Investment Board
- (g) Effective Date of Appointment: July 1, 2012
- (h) Termination Date of Appointment: June 30, 2015
- (i) Name of Person Being Replaced (if applicable): N/A
- (j) Reason for Replacement: Term expires on June 30, 2012

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: April 30, 2012

- (a) Name of Appointee: Mike Perez
- (b) Is this a Reappointment? YES 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 Angiodynamics
- (e) Address of Appointee: 14 Plaza Drive, Latham, NY 12110
- (f) Title of Appointment: Saratoga-Warren-Washington Counties Workforce Investment Board
- (g) Effective Date of Appointment: July 1, 2012
- (h) Termination Date of Appointment: June 30, 2015
- (i) Name of Person Being Replaced (if applicable): N/A
- (j) Reason for Replacement: Term expires on June 30, 2012

Warren County Board of Supervisors

CERTIFICATE OF APPOINTMENT

I, FREDERICK H. MONROE, Chairman of the Warren County Board of Supervisors, pursuant to the power vested in me, DO HEREBY APPOINT the following named persons as members of the Saratoga-Warren-Washington Counties Workforce Investment Board, for the term set opposite his/her name:

APPOINTED:

| <u>NAME</u> | <u>SECTOR/AFFILIATION</u> | <u>TERM</u> |
|---|-------------------------------|---------------------|
| Michael Perez | Business Sector | 7/1/09 - 6/30/12 |
| Peter Aust | Chambers of Commerce | 7/1/09 - 6/30/12 |
| William F. Resse | Partner Agency | 7/1/09 - 6/30/12 |
| Sheila Weaver Commissioner | Department of Social Services | 7/1/09 - 6/30/10 |
| Leonard Fosbrook (replacing Jeff Farley) | Economic Development | 7/1/09 - 6/30/12 |

Dated: June 19, 2009



FREDERICK H. MONROE, CHAIRMAN
Warren County Board of Supervisors

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: April 30, 2012

- (a) Name of Appointee: Tracey Riley
- (b) Is this a Reappointment? YES 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, 2012
- (h) Termination Date of Appointment: June 30, 2015
- (i) Name of Person Being Replaced (if applicable): N/A
- (j) Reason for Replacement: Term expires on June 30, 2012

Warren County Board of Supervisors

CERTIFICATE OF APPOINTMENT

I, DANIEL G. STEC, Chairman of the Warren County Board of Supervisors, pursuant to the power vested in me, DO HEREBY APPOINT the following named persons as members of the Saratoga-Warren-Washington Counties Workforce Investment Board, for the term set opposite his/her name:

APPOINTED:

| <u>NAME</u> | <u>SECTOR/AFFILIATION</u> | <u>TERM</u> |
|------------------|--|------------------------|
| Lynn Achershhoek | Warren-Hamilton Community Action Agency | 07/01/11 - 06/30/14 |
| Scott Martel | Local 773 Plumbers and Steamfitters | 07/01/11 - 06/30/14 |
| Sheila Weaver | Warren County Social Services | 07/01/11 - 06/30/12 |
| Marti Burnley | Hudson Headwaters Health Network | 07/01/11 - 06/30/13 |
| Kimberly Burns | Glens Falls Hospital | 07/01/11 - 06/30/14 |
| Tracey Riley | Finch Paper, LLC | 07/01/11 - 06/30/12 |

Dated: June 17, 2011



DANIEL G. STEC, CHAIRMAN
Warren County Board of Supervisors

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: April 30, 2012

- (a) Name of Appointee: Chris A. Hunsinger
- (b) Is this a Reappointment? YES 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 Partner Agency, One Stop Operator
- (e) Address of Appointee: PO Box 4393, Queensbury, NY 12804
- (f) Title of Appointment: Saratoga-Warren-Washington Counties Workforce Investment Board
- (g) Effective Date of Appointment: July 1, 2012
- (h) Termination Date of Appointment: June 30, 2015
- (i) Name of Person Being Replaced (if applicable): N/A
- (j) Reason for Replacement: Term expires on June 30, 2012

Warren County Board of Supervisors

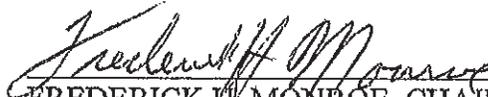
CERTIFICATE OF APPOINTMENT

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APPOINTED:

| <u>NAME</u> | <u>SECTOR/AFFILIATION</u> | <u>TERM</u> |
|---|--|------------------------|
| Christopher A. Hunsinger (replacing William Resse) | Warren County Employment and Training, Director | 10/15/10 to 6/30/12 |

Dated: October 15, 2010



FREDERICK H. MONROE, CHAIRMAN
Warren County Board of Supervisors

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: April 30, 2012

- (a) Name of Appointee: John Wheatley
- (b) Is this a Reappointment? YES 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 Economic Development - EDC Warren County
- (e) Address of Appointee: 234 Glen Street, Glens Falls NY 12801
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- (h) Termination Date of Appointment: June 30, 2015
- (i) Name of Person Being Replaced (if applicable): N/A
- (j) Reason for Replacement: Term expires on June 30, 2012

Warren County Board of Supervisors

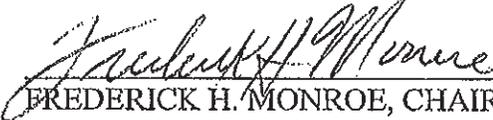
CERTIFICATE OF APPOINTMENT

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APPOINTED:

| <u>NAME</u> | <u>SECTOR/AFFILIATION</u> | <u>TERM</u> |
|---------------|---|-------------------------|
| John Wheatley | Economic Development Corporation, Warren County, New York - Economic Development Specialist | 06/18/10 to 06/30/12 |

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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: April 30, 2012

- (a) Name of Appointee: Peter Aust
- (b) Is this a Reappointment? YES 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 - Adirondack Regional Chamber of Commerce
- (e) Address of Appointee: 136 Glen Street, Glens Falls, NY 12801
- (f) Title of Appointment: Saratoga-Warren-Washington Counties Workforce Investment Board
- (g) Effective Date of Appointment: July 1, 2012
- (h) Termination Date of Appointment: June 30, 2015
- (i) Name of Person Being Replaced (if applicable): N/A
- (j) Reason for Replacement: Term expires on June 30, 2012

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: April 30, 2012

- (a) Name of Appointee: Mike Perez
- (b) Is this a Reappointment? YES 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 Angiodynamics
- (e) Address of Appointee: 14 Plaza Drive, Latham, NY 12110
- (f) Title of Appointment: Saratoga-Warren-Washington Counties Workforce Investment Board
- (g) Effective Date of Appointment: July 1, 2012
- (h) Termination Date of Appointment: June 30, 2015
- (i) Name of Person Being Replaced (if applicable): N/A
- (j) Reason for Replacement: Term expires on June 30, 2012

Warren County Board of Supervisors

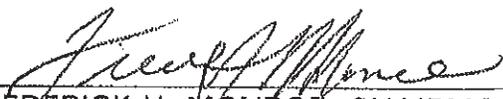
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APPOINTED:

| <u>NAME</u> | <u>SECTOR/AFFILIATION</u> | <u>TERM</u> |
|---|-------------------------------|---------------------|
| Michael Perez | Business Sector | 7/1/09 - 6/30/12 |
| Peter Aust | Chambers of Commerce | 7/1/09 - 6/30/12 |
| William F. Resse | Partner Agency | 7/1/09 - 6/30/12 |
| Sheila Weaver Commissioner | Department of Social Services | 7/1/09 - 6/30/10 |
| Leonard Fosbrook (replacing Jeff Farley) | Economic Development | 7/1/09 - 6/30/12 |

Dated: June 19, 2009



FREDERICK H. MONROE, CHAIRMAN
Warren County Board of Supervisors

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: April 30, 2012

- (a) Name of Appointee: Tracey Riley
- (b) Is this a Reappointment? YES 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, 2012
- (h) Termination Date of Appointment: June 30, 2015
- (i) Name of Person Being Replaced (if applicable): N/A
- (j) Reason for Replacement: Term expires on June 30, 2012

Warren County Board of Supervisors

CERTIFICATE OF APPOINTMENT

I, DANIEL G. STEC, Chairman of the Warren County Board of Supervisors, pursuant to the power vested in me, DO HEREBY APPOINT the following named persons as members of the Saratoga-Warren-Washington Counties Workforce Investment Board, for the term set opposite his/her name:

APPOINTED:

| <u>NAME</u> | <u>SECTOR/AFFILIATION</u> | <u>TERM</u> |
|------------------|--|------------------------|
| Lynn Achershhoek | Warren-Hamilton Community Action Agency | 07/01/11 - 06/30/14 |
| Scott Martel | Local 773 Plumbers and Steamfitters | 07/01/11 - 06/30/14 |
| Sheila Weaver | Warren County Social Services | 07/01/11 - 06/30/12 |
| Marti Burnley | Hudson Headwaters Health Network | 07/01/11 - 06/30/13 |
| Kimberly Burns | Glens Falls Hospital | 07/01/11 - 06/30/14 |
| Tracey Riley | Finch Paper, LLC | 07/01/11 - 06/30/12 |

Dated: June 17, 2011



DANIEL G. STEC, CHAIRMAN
Warren County Board of Supervisors

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: 4/30/12

- (a) Purpose of Request: Request resolution authorizing the following:
 - 1. Approval of the WIB budget for the period 7/1/12-6/30/13
 - 2. The chairman to execute the SWW WIB MOU cost allocation plan (CAP) for the period 7/1/12-6/30/13

- (b) Details: The MOU for the SWW workforce area covers the period 7/1/11 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: 349 of 2011

Saratoga - Warren - Washington Counties WIB Budget

| Description | 2011 | 2012 | Difference |
|----------------------------------|------------------|------------------|-----------------|
| Salaries | \$ 58,000 | \$ 58,000 | \$ - |
| Benefits | \$ 9,017 | \$ 4,437 | \$ (4,580) |
| Memberships/Education | \$ 1,000 | \$ 2,800 | \$ 1,800 |
| Mileage | \$ 3,500 | \$ 5,000 | \$ 1,500 |
| Phone/PC Broadband | \$ 2,400 | \$ 720 | \$ (1,680) |
| Office Expenses/Postage/Supplies | \$ 2,000 | \$ 3,600 | \$ 1,600 |
| Equipment | \$ 2,000 | \$ 1,600 | \$ (400) |
| Meetings | \$ 2,000 | \$ 2,500 | \$ 500 |
| Marketing | \$ 2,000 | \$ 3,000 | \$ 1,000 |
| Miscellaneous | \$ 1,500 | \$ 1,500 | \$ - |
| Fee | \$ 7,745 | \$ 7,745 | \$ - |
| Total Expenses | \$ 91,162 | \$ 90,902 | \$ (260) |

Warren County Board of Supervisors

RESOLUTION NO. 349 OF 2011

Resolution introduced by Supervisors Strainer, Girard, VanNess, Sokol, Bentley, Champagne and Wood

APPROVING WORKFORCE INVESTMENT BOARD (WIB) BUDGET FOR PROGRAM YEAR 2011-2012; AUTHORIZING MEMORANDUM OF UNDERSTANDING RELATING TO COST ALLOCATION PLAN WITH THE WIB AND OTHER AGENCIES SERVICES - EMPLOYMENT & TRAINING ADMINISTRATION

RESOLVED, that the Warren County Board of Supervisors, upon the review and recommendation of the Human Services Committee, hereby approves the Workforce Investment Board Budget for the Program Year July 1, 2011 to June 30, 2012, said budget being on file with the Clerk of the Board of Supervisors, and be it further

RESOLVED, that Warren County hereby authorizes a new cost allocation plan for the Memorandum of Understanding (MOU) with the WIB and other local agencies including Washington and Saratoga Counties, for the period commencing July 1, 2011 and terminating June 30, 2012, with the understanding that the cost to Warren County shall not exceed the County's reconciled fair share described in the cost allocation plan including the above described 2011-2012 budget, and further the Chairman of the Board be, and hereby is, authorized to execute said Memorandum of Understanding Cost Allocation Plan so long as: (1) the agreement is in a form approved by the County Attorney, and (2) that the only funds to be provided by Warren County toward this function will be funds received through Federal or State sources so designated for this purpose.

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: 4/30/12

- (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 7/1/12-6/30/13 and may be renewed yearly as approved by Saratoga E&T.

- (c) Previous Resolution Number: 348 of 2011

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Employment and Training

DATE: 4/30/12

- (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 6/25/12
- (h) Termination Date of Contract: no later than 8/31/12
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$13,225
 - 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: 4/30/12

- (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 7/1/12-6/30/13. (see attached Schedule A)

- (c) Previous Resolution Number: 350 of 2011

SCHEDULE "A"
Temporary Positions/Training Slots
7/1/12-6/30/13

| EST. NO. OF JOBS/TRAINING SLOTS | TITLE | DEPT. | ALLOWANCES/WAGES |
|---|--------------|--------------|---|
| Title I – Adult | | | |
| 50 Training slots | N/A | WIA-Adult | Training stipend per approved job training plan/WIB policies. * |
| 2 Jobs | Aides | WIA-Adult | See below** |
| Title I - Youth Employment Programs | | | |
| 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*** |
| Title I – Dislocated Workers | | | |
| 50 Training slots | N/A | WIA-D/W | See below* |
| Trade Act Programs | | | |
| Training slots (per DOL) | Aides | Trade Act | See below* |
| Summer TANF | | | |
| 50 Jobs | Aides | Summer TANF | 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.

WARREN-HAMILTON COUNTIES
OFFICE FOR THE AGING
1340 STATE ROUTE
LAKE GEORGE, NEW YORK 12845

CHRISTIE SABO
DIRECTOR

TEL: (518) 761-6347
FAX: (518) 761-6344

HUMAN SERVICES COMMITTEE MEETING
MONDAY, APRIL 30th 10:45am
OFFICE FOR THE AGING AGENDA

- I. Committee meeting called to order by Dave Strainer

- II. Action Agenda
 - a) Resolution Request Form #10 Transfer of Funds- From Contingency
 - b) Resolution Request Form #10 Transfer of Funds- Within Title III E
 - c) Resolution Request Form #3 New Contract- NEC Care, Inc.

- III. Old business/pending items
 - a) Update on Warrensburg meal site move to Countryside

- IV. Current business
 - a) Proposals for nutrition site savings

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: OFA

DATE: 4/30/12

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: To provide case management previously provided by WCPH
- (c) Name of Contractor: NEC Care, Inc. D.B.A. Home Instead Senior Care
- (d) Address of Contractor: 12 Mountain Ledge Road Suite 3, Gansevoort, NY 12831
- (e) Contractor's Contact Person and Telephone Number: Maureen Hopkins (518) 580-1042
- (f) Has or will the Contract be provided, if so, please attach:
- (g) Commencement Date of Contract: 6/1/12
- (h) Termination Date of Contract: 12/31/12
- (i) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed \$4,500
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: OR Capital Project OR Capital Reserve Project Number, Title, and Amount: A6795 470 Title III E OFA Contract

Sample: A.1010 470 Legislative Board – Contract \$xx.xx

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: OFA

DATE: 4/30/12

- (a) Is this a Result of a Bid or Request for Proposal? No

- (b) Purpose of Contract: To provide case management previously provided by WCPH

- (c) Name of Contractor: NEC Care, Inc. D.B.A. Home Instead Senior Care

- (d) Address of Contractor: 12 Mountain Ledge Road Suite 3, Gansevoort, NY 12831

- (e) Contractor's Contact Person and Telephone Number: Maureen Hopkins (518) 580-1042

- (f) Has or will the Contract be provided, if so, please attach:

- (g) Commencement Date of Contract: 6/1/12

- (h) Termination Date of Contract: 12/31/12

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$4,500
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.

- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: OR Capital Project OR Capital Reserve Project Number, Title, and Amount: A6795 470 Title III E OFA Contract

Sample: A.1010 470 Legislative Board – Contract \$xx.xx