

**WARREN COUNTY
EMPLOYMENT & TRAINING ADMINISTRATION**

Chris A. Hunsinger
Director

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**Warren County
Human Services Committee**

AGENDA

March 3, 2014 – 10:30 AM

1. Consideration to Amend Budget to add Trade Adjustment Act Funding (Resolution Request Form 7 attached – Page 1)
2. Consideration to Amend Budget to add National Emergency Grant Funding (Resolution Request Form 7 attached – Page 2)
3. Request Resolution to Appoint or Reappoint Member to Saratoga-Warren-Washington Workforce Investment Board for the term 3/21/14-6/30/17 – Page 3
4. Request for Authorization to Attend Meeting or Convention (Schedule “A” attached) 2014 NYATEP Youth Academy, March 24-26, 2014 – Page 4
5. Adult Literacy Program Discussion
6. Old Business
7. New Business
8. Adjournment

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

DATE: March 3, 2014

(a) Purpose of Amendment: add federal funds to county budget to reimburse training for 7 dislocated workers through the Trade Adjustment Act

(b) Appropriation Code (with title), Object Code (with title) and Amount: 40.6293.0305 433 - WIA Dislocated Worker (Training-Client) \$32,365.

(c) Revenue Code (with title), and Amount: 40.6293.0305 4791- WIA Dislocated Worker - \$32,365.

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

DATE: March 3, 2014

(a) Purpose of Amendment: add federal funds to county budget to reimburse on the job training for 1 worker through a National Emergency Grant

(b) Appropriation Code (with title), Object Code (with title) and Amount: 40.6293.0305 433 - WIA Dislocated Worker (Training-Client) \$10,575 and 40.6293.0313 100 - WIA Admin (Salaries - Regular) \$846.

(c) Revenue Code (with title), and Amount: 40.6293.0305 4791- WIA Dislocated Worker - \$10,575 and 40.6293.0313 4791 - WIA Admin \$846.

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: March 21, 2014

- (a) Name of Appointee: Leza Wood, Workforce and Professional Development Coordinator
- (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: Partner Agency - SUNY Adirondack
- (e) Address of Appointee: 640 Bay Road, Queensbury, NY 12804
- (f) Title of Appointment: Saratoga-Warren-Washington Counties Workforce Investment Board
- (g) Effective Date of Appointment: March 21, 2014
- (h) Termination Date of Appointment: June 30, 2017
- (i) Name of Person Being Replaced (if applicable): Denise K. Brucker, Director Continuing Education
- (j) Reason for Replacement: fill vacant position on the WIB

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 Committee hereby authorizes Chris Hunsinger and two youth
(Supervisory Committee) (Employee Name)

to attend 2014 NYATEP Youth Academy
(Name of meeting or organization)

at Hilton Albany, 40 Lodge St., Albany, New York
(Address)

on March 26, 2014 . 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:
N/A

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: 3/3/14

Chris A. Hunsinger
Department Head Signature

Date: 3/3/14

Edna J. Francis
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:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.