

**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

September 29, 2014 – 9:30 AM

1. Consideration to Amend Budget to add Trade Adjustment Act Funding (Resolution Request Form 7 attached – Page 1)
2. Resolution Request for Chairman's signature on Local Plan for the Saratoga-Warren-Washington Workforce Investment Board (Resolution Request Form 20 attached – Page 2)
3. Old Business
4. New Business
5. 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: September 29, 2014

(a) Purpose of Amendment: add federal funds to county budget to reimburse training for 10 dislocated workers through the Trade Adjustment Act

(b) Appropriation Code, Object Code, Full Title and Amount: 40.6293.0305 433 - WIA Dislocated Worker (Training-Client) \$48,016.

(c) Revenue Code (with title), and Amount: 40.6293.0305 4791 - WIA Dislocated Worker - \$48,016.

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: September 29, 2014

- (a) Purpose of Request: Request Chairman's signature on Local Plan for the Saratoga-Warren-Washington Workforce Investment Board

- (b) Details: See Attachment D: Signature of Chief Elected Official as required of each of the participating counties.

- (c) Previous Resolution Number: 279 of 2013

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

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

* as listed in budget and LOGOS

ATTACHMENT D: SIGNATURE OF CHIEF ELECTED OFFICIAL

**Workforce Investment Act Local Plan for
Program Year 2014-2014, for Workforce Investment Act Title 1-B
and Wagner Peyser Programs**

In compliance with the provisions of the Workforce Investment Act of 1998, the Final Rule, and Planning guidelines and instructions developed by the Governor, this Plan is being submitted jointly by the Local Board and the respective Chief Elected Official(s).

By virtue of my signature, I:

- agree to comply with all statutory and regulatory requirements of the Act as well as other applicable state and federal laws, regulations and policies
- affirm that the Grant recipient possesses the capacity to fulfill all responsibilities and assume liability for funds received, as stipulated in §667.705 of the rules and regulations
- affirm that the composition of the Local Board is either in compliance with the law, rules and regulations and is approved by the State or, will be in compliance within 90 days of local plan submittal
- affirm that the Chair of the Local Board was duly elected by that Board
- affirm that the board, including any staff to the board, will not directly provide any core, intensive or training services.

Note: A separate signature sheet is required for each local Chief Elected Official. If additional pages are necessary, please see **Attachment B – Extended Version**.

Date:		Signature of Local Chief Elected Official (CEO):	
Mr. <input checked="" type="checkbox"/>	<input type="checkbox"/>	Typed Name of Local CEO:	
Ms. <input type="checkbox"/>	<input type="checkbox"/>	Kevin B. Geraghty, Chairman	
Other <input type="checkbox"/>			
Title of Local CEO:	Warren County Board of Supervisors		
Address 1:	Warren County Municipal Center		
Address 2:	1340 State Route 9		
City:	Lake George		
State:	NY	Zip:	12845
Phone:	518-761-6536	E-mail:	kevin.geraghty@townofwarrensburg.net
Are you the Grant Recipient CEO? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Submittal directions: Complete this form as part of the Plan development process and submit the entire Plan electronically as described earlier in this guidance. Submit this form with original signatures as described on page 2 of the Instructions.