

**Health, Human and Social Services Committee**  
**Department of Employment and Training**

**AGENDA**  
**April 24, 2018**

**Committee Members:** *Edna A. Fraiser, Chair; Peter V. McDevitt, Claudia K. Braymer, Jack Diamond, Cynthia Hyde, Craig R. Leggett, William Loeb, Brad Magowan and Matthew D. Sokol.*

- I. Committee meeting called to order by Chairman**
- II. Motion to approve minutes of prior Committee meeting**
- III. Action Agenda/New Business:**
  - 1. Resolution Request to Authorize the Chairman of the Board to execute related MOU cost allocation plan (CAP) for the period 7/1/17-6/30/19**  
**Rationale:** The existing agreement is ongoing until modified with a new budget and cost allocation plan. The cost to Warren County is paid from federal funds provided for such purpose and will not exceed the amount identified in the cost allocation plan.
  - 2. Request to Appoint New Member to the Saratoga-Warren-Washington Workforce Development Board**  
**Rationale:** Member representing the Glens Falls Hospital resigned to pursue a new career opportunity. We would like to appoint a replacement from the hospital, Tracey Aust, Director, Talent Acquisition & Development to fill the unexpired term.
- IV. Referral/Pending Items**
  1. No outstanding items
- V. Information for Discussion/Review**
  1. Next Workforce Development Board Meeting is June 6, 2018, 8 AM at 333 Glen Street, Second Floor Community Room
- VI. Privilege of the Floor** to discuss any additional items to come before the Committee
- VII. Motion to adjourn**

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**Attachments:**

- |   |        |
|---|--------|
| 1. Resolution Request Form 20, MOU and WDB Budget     | Page 2 |
| 2. PY '18 WIB Budget Draft                            | Page 3 |
| 3. Resolution Request Form No. 1, Appoint Tracey Aust | Page 4 |

# ***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: April 24, 2018**

- (a) Purpose of Request: Request resolution authorizing the following:
  - 1. Approval of the WIB budget for the period 7/1/18 - 6/30/19
  - 2. The chairman to execute the SWW Workforce Development Board MOU cost allocation plan (CAP) for the period 7/1/18 - 6/30/19.
  
- (b) Details: The MOU for the SWW workforce area covers the period beginning 7/1/18 and is ongoing until modified with a new budget and cost allocation plan. 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: 182 of 2017

PY '18 (7/1/18-6/30/19)	PY '15	PY '16	PY '17	Draft PY '18
<b>WIB Budget - Draft</b>				
Salaries*	60,000	60,000	60,000	60,000
Exec. Director \$ 30,000.00				
Assoc. Exec. Dir. \$ 30,000.00				
Benefits	4,590	4,590	4,590	4,590
WIB Staff memberships/Educ.	2,800	2,900	2,000	2,000
Mileage	5,000	5,000	5,000	4,500
Phone/PC Broadband	600	600	600	600
Office Exp, Postage, Supp.	3,600	3,600	3,600	3,000
Equipment	1,200	1,400	500	500
Meetings	3,100	3,000	2,500	2,500
Marketing	4,000	3,800	3,800	3,800
Miscellaneous	1,500	1,500	1,265	1,265
Admin Fee	7,745	7,745	7,745	7,745
Rent/insurance	3,618	3,500	3,500	3,500
One Stop Operator	0	0	2,400	2,400
<b>Total Expenses</b>	<b>97,753</b>	<b>97,635</b>	<b>97,500</b>	<b>96,400</b>

\* \$30.364/hr @ 988 hrs./yr each (19 hrs./wk)

## ***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: April 24, 2018**

- (a) Name of Appointee: Tracey Aust, Director, Talent Acquisition & Development, Glens Falls Hospital
- (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 Development Board
- (g) Effective Date of Appointment: May 15, 2018
- (h) Termination Date of Appointment: June 30, 2020
- (i) Name of Person Being Replaced (if applicable): Kyle Brock (CA09 – 2017)
- (j) Reason for Replacement: Resignation due to job transfer.