

**Economic Growth & Development And Higher Education**  
**Department of Employment and Training**  
**AGENDA**  
**June 23, 2020**

**Committee Members:** Wild, Hogan, Leggett, Braymer, Diamond, Dickinson, Magowan, McDevitt, and Seeber

- I. Committee meeting called to order by Chairman**
- II. Motion to approve minutes of prior Committee meeting**
- III. Action Agenda/New Business:**
  1. Request to Reappoint Workforce Development Board members:
    - a. Caelynn Prylo (SUNY Adirondack)
    - b. Kathy LaFond (Glens Falls Hospital)
    - c. Dan Dudley (International Brotherhood of Electrical Workers Local 236)
  2. Request to appoint new Workforce Development Board member:
    - a. Maureen Grabowski (Homestead Funding Corp) to replace Karen Winne (resigned)
- IV. Referral/Pending Items**
  1. No outstanding items
- V. Information for Discussion/Review**
  1. Share all Employment & Training updates to include Summer Youth Employment Program and initiatives to respond to COVID-19 economic crisis
- 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 Requests for WDB appointment and reappointments

## ***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: June 23, 2020**

- (a) Name of Appointee: Caelynn Prylo, Assistant Dean of Continuing Education and Workforce Education
- (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 Development Board
- (g) Effective Date of Appointment: July 1, 2020
- (h) Termination Date of Appointment: June 30, 2023
- (i) Name of Person Being Replaced (if applicable): N/A
- (j) Reason for Replacement: N/A

# Warren County Board of Supervisors

## CERTIFICATE OF APPOINTMENT

I, RONALD F. CONOVER, 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 Development Board, for the term set opposite their name:

<u>NAME</u>	<u>SECTOR/AFFILIATION</u>	<u>TERM</u>
Lynn Ackershoek	Warren-Hamilton Community Action Agency	7/01/17 - 6/30/20
Kyle Brock	Glens Falls Hospital	7/01/17- 6/30/20
Scott Martel	Local 773 Plumbers & Steamfitters	7/01/17 - 6/30/20
Caelynn Prylo	SUNY - Adirondack	7/01/17 - 6/30/20

Dated: June 14, 2017



RONALD F. CONOVER, 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 and Training Administration**

**DATE: June 23, 2020**

- (a) Name of Appointee: Kathy LaFond, Senior Director, Human Resources, Glens Falls Hospital
- (b) Is this a Reappointment? Yes      If so, please provide the Resolution No. which authorized the last appointment of this individual. (R343, 2019)
- (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: July 1, 2020
- (h) Termination Date of Appointment: June 30, 2023
- (i) Name of Person Being Replaced (if applicable): N/A
- (j) Reason for Replacement: N/A

## ***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 Administration**

**DATE: June 23, 2020**

- (a) Name of Appointee: **Daniel Dudley**
- (b) Is this a Reappointment? **Yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **R586, 2019**
- (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 **IBEW Local 236 International Brotherhood of Electrical Workers**
- (e) Address of Appointee: **3000 Troy-Schenectady Road, Schenectady, New York**
- (f) Title of Appointment: **Saratoga-Warren-Washington Counties Workforce Development Board**
- (g) Effective Date of Appointment: **July 1, 2020**
- (h) Termination Date of Appointment: **June 30, 2023**
- (i) Name of Person Being Replaced (if applicable): **N/A**
- (j) Reason for Replacement: **N/A**

## ***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 Administration**

**DATE: June 23, 2020**

- (a) Name of Appointee: **Maureen Grabowski, Branch Manager, Homestead Funding Corp.**
- (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- Homestead Funding Corp.**
- (e) Address of Appointee: **3 Warren Street, Suite 3A, Glens Falls, NY 12801**
- (f) Title of Appointment: **Saratoga-Warren-Washington Counties Workforce Development Board**
- (g) Effective Date of Appointment: **July 1, 2020**
- (h) Termination Date of Appointment: **June 30, 2023**
- (i) Name of Person Being Replaced (if applicable): **Karen Winne**
- (j) Reason for Replacement: **Resignation**



## ADIRONDACK REGIONAL CHAMBER OF COMMERCE

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TO: Liza Ochsendorf, Director  
Warren County Employment and Training

FROM: Michael Bittel, President/CEO

DATE: June 17, 2020

RE: Nomination of Maureen Ginter-Grabowski

It is with great pleasure that I formally nominate Ms. Maureen Ginter-Grabowski, Branch Manager, Homestead Funding Corporation in Glens Falls, to serve on the Workforce Development Board. I fully expect that Maureen's involvement will make a positive contribution to the efforts of the WDB and local workforce development.

As always, please don't hesitate to contact me should you need any further information to act favorably on this nomination.

Blessings,

Michael T. Bittel  
President/CEO

