

Economic Growth & Development  
Department of Employment and Training  
AGENDA  
May 24, 2021

**Committee Members:** HOGAN, Frasier, Wild, Strough, Leggett, Geraghty and Merlino

- I. Committee meeting called to order by Chairman**
- II. Motion to approve minutes of prior Committee meeting**
- III. Action Agenda/New Business:**  
Resolution Request to Amend Budget  
Rationale: Dislocated Worker Grant funds were received from New York State  
  
Resolution Request to Transfer Funds  
Rationale: Carryover budget adjustment for New World platform purposes.
- IV. Referral/Pending Items**
- V. Information for Discussion/Review**
- VI. Privilege of the Floor and public comment** (please allow for 15 second delay on live stream meetings)
- VII. Motion to adjourn**

---

**Attachments:**  
Resolution Request Form 07  
Resolution Request Form 10

# **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: May 24, 2021**

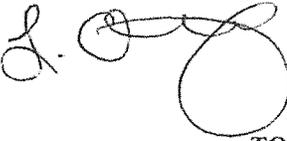
- (a) Purpose of Amendment: **Add Funds to the Dislocated Worker Grant from NYS received on 2/25/2021**
  
- (b) Appropriation Code, Object Code, Full Title and Amount:  
**40.6293.0305 433 Employment Recovery Dislocated Workers Grant -  
(ER-NDWG) \$11,222.48**
  
- (c) Revenue Code (with title), and Amount: **40.4791 WIOA \$11,222.48**

# RESOLUTION REQUEST FORM NO. 10

## Request for Transfer of Funds

TO: AMANDA ALLEN, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

DEPARTMENT NAME: Employment and Training

SIGNED: Liza Ochsendorf 

DATE: May 24, 2021

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
40.6293.0300 110	WIOA Adult	40.6293.0305 110	WIOA Dislocated Worker	10,000.00
40.6293.0300 110	WIOA Adult	40.6293.0313 110	WIOA Admin	3,000.00

Please state reason for transfers requested: Carryover budget adjustment for New World platform purposes.

### CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions			

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.