

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

AGENDA

September 25, 2017

Committee Members: *Edna A. Fraiser, Chair; Claudia K. Braymer, Craig R. Leggett, Matthew MacDonald, Peter V. McDevitt, Ronald Montesi, and Ron Vanselow.*

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 Amend County Budget to add Trade Act Funding

Rationale: Workers who are dislocated due to foreign competition are eligible for training funds to learn a new occupation. Additional funding has been awarded to nine students for training. Warren County acts as a pass-through for these federal funds.

2. Resolution Request to Authorize the Chairman of the Board to execute Agreement with the Saratoga-Warren-Washington Workforce Development Board

Rationale: This is a new request. Under the new Workforce Innovation and Opportunity Act Program a specific agreement is required between the Workforce Development Board and each of the counties.

3. Resolution Request to Authorize the Chairman of the Board to Certify the Local Plan with the Saratoga-Warren-Washington Workforce Development Board

Rationale: This is a new request but similar actions were required under the Workforce Investment Act.

4. Resolution Request to execute Agreement with the Council on Prevention

Rationale: Under our Youth Program, we are required to provide leadership development and counseling which may include drug and alcohol abuse counseling. We propose to engage The Council for Prevention to assist with these requirements.

5. Resolution Request to execute various MOUs with other youth service providers

Rationale: The Workforce Innovation and Opportunity Act requires that an MOU be entered into for all referrals for service

5. Request to Host Meeting or Conference – December 13 WDB Meeting

Rationale: The three counties that make up the Saratoga-Warren-Washington Workforce Development Board alternate hosting quarterly Board Meetings. The next meeting is scheduled for December 13 in Warren County. We plan to host the meeting on the second floor at 333 Glen Street.

IV. Referral/Pending Items

1. No outstanding items

V. Information for Discussion/Review

1. Nothing to report.

VI. Privilege of the Floor to discuss any additional items to come before the Committee

VII. Motion to adjourn

Attachments:

1. Resolution Request Form 7 - Request to Amend County Budget Page 3
2. Resolution Request Form 20 – Workforce Development Board Page 4
3. Resolution Request Form 20 – Local Plan Page 5
4. Resolution Request Form 3 – Agreement with Council on Prevention Page 7
5. Resolution Request Form 20 – MOUs with Youth Service Providers Page 8
6. Request to Host Meeting – Workforce Development Board Meeting Page 9

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 25, 2017

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

(b) Appropriation Code, Object Code, Full Title and Amount: 40.6293.0305 433 - WIOA Dislocated Worker (Training-Client) \$3,500.

(c) Revenue Code (with title), and Amount: 40.6293.0305 4791 - WIOA Dislocated Worker - \$3,500.

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 25, 2017

- (a) Purpose of Request: Authorizing agreements/contracts with Saratoga- Warren- Washington Workforce Development Board for Warren County Employment and Training to operate Workforce Innovation and Opportunity Act programs.

- (b) Details: This will allow Warren County to continue to operate the WIOA program services as provided under the Workforce Innovation and Opportunity Act (WIOA).

- (c) Previous Resolution Number: New resolution required under the WIOA.

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 25, 2017

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

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

- (c) Previous Resolution Number: 464 of 2014

- (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(S)

**Workforce Innovation and Opportunity Act (WIOA) Local Plan for
Program Year 2017-2018, for WIOA Title 1-B
and Wagner-Peyser Programs**

In compliance with the provisions of the Workforce Innovation and Opportunity Act of 2014, 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 §679.420 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 submission;
- Affirm that the Chair of the Local Board was duly elected by that board; and
- Affirm that the board, including any staff to the board, will not directly provide any career services unless approved to do so by the Chief Elected Official and the Governor.

Note: A separate signature sheet is required for each local Chief Elected Official (CEO). If additional pages are necessary, please replicate this document for each CEO.

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"/>	Ronald F. Conover	
Other <input type="checkbox"/>	<input type="checkbox"/>		
Title of Local CEO:		Chairman, Warren County Board of Supervisors	
Address 1:			
Address 2:		1340 State Route 9	
City:		Lake George	
State:		NY	Zip: 12845
Phone:		518-761-6536	E-mail: supervisor@town.bolton.ny.us
Are you the Grant Recipient CEO? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Submission directions: Complete this attachment as part of the Plan development process and submit it, with original signatures, as described in the Local Plan Template.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Employment and Training

DATE: September 25, 2017

- (a) Is this a Result of a Bid or Request for Proposal? Not required under County Procurement or federal regulations.
- (b) Purpose of Contract: To provide leadership training and mentoring to youth enrolled in the Workforce Innovation and Opportunity Act program.
- (c) Name of Contractor: Council for Prevention
- (d) Address of Contractor: 10 Lacrosse Street, Hudson Falls, NY 12839
- (e) Contractor's Contact Person and Telephone Number: David Saffer, 518-746-1527
- (f) Has or will the Contract be provided, if so, please attach: yes, it will be provided.
- (g) Commencement Date of Contract: October 24, 2017
- (h) Termination Date of Contract: June 30, 2018
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$3,000
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. cost reimbursement at completion
- (j) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: WIOA Youth - 40 6293 0310 470

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 25, 2017

- (a) Purpose of Request: Approval to enter into Memorandum of Understanding with various service providers to our youth program as required by the Workforce Innovation and Opportunity Act.

- (b) Details: Under the Workforce Innovation and Opportunity Act we are required to provide access to 14 program elements. Some are performed by county staff, others contracted out (BOCES and Council on Prevention). For all others a Memorandum of Understanding is required. The final format will be in a form acceptable to the County Attorney.

- (c) Previous Resolution Number: none

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: There will be no charges as a result of the MOUs.

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

* as listed in budget and LOGOS

Warren County Request to Host Meeting or Conference

Name of Department: Employment & Training Administration

Name of Meeting/Conference: Saratoga-Warren-Washington Workforce Development Board

Date: December 13, 2017

Location: 333 Glen Street, 2nd Floor

Purpose: Quarterly Board Meeting

Contact Person: (If other than Department Head)

Phone No.: 518-824-8865

Number of People attending:

2 County Employees

3 State Employees

35 Volunteers (WIB Board Members)

Others (specify)

Cost to County (please include amounts):

Room rental \$ -0-

Food/beverage \$ 300.00 est.

Supplies \$

Other (specify) \$

Total Cost: \$ 300.00 est

Dept Head Approval:

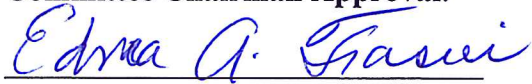


Signature

9/25/17

Date:

Committee Chairman Approval:



Signature

9/25/17

Date