

Health, Human and Social Services Committee

Department of Employment and Training

AGENDA

May 24, 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 Funding for the Summer Youth Program
Rationale: Warren County is expecting \$92,370 from the State of New York under Temporary Assistance for Needy Families (TANF) to operate this program this summer. The “official” award is expected any day.
2. Request Resolution for Temporary Positions/Training Slots
Rationale: This annual resolution authorizes temporary positions of employment and training subject to policies, procedures and regulations.
3. Request Resolution for New Contract with BOCES for Operation Food Chain
Rationale: Partnering with Community Action and BOCES our youth provide lunch to the Glens Falls Summer Recreation Program participants. The contract is for supervision, training, and transportation.
4. Request to Reappoint Four Members to the Saratoga-Warren-Washington Workforce Development Board
Rationale: Four member’s terms expire on June 30, three desire to be re-appointed and SUNY Adirondack wishes to make a change in their appointment.

IV. Referral/Pending Items

1. No outstanding items

V. Information for Discussion/Review

1. Presentation from NY Wired on the Metrix E-Learning Program
2. Workforce Development Board Meeting, June 7, 8 AM, 333 Glen Street, 2nd Floor Community Room. Please RSVP by June 2 if you plan to attend.

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

VII. Motion to adjourn

Attachments:

1. Resolution Request Form No. 7, Request to Amend County Budget Page 3
2. Request Resolution for Temporary Positions/Training Slots Page 4
3. Resolution Request Form No. 3, Request for New Contract Page 6

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| 4. Resolution Request Form No. 1, Reappoint Lynn Achershhoek | Page 7 |
| 5. Resolution Request Form No. 1, Reappoint Kyle Brock | Page 8 |
| 6. Resolution Request Form No. 1, Reappoint Scott Martel | Page 9 |
| 7. Resolution Request Form No. 1, Reappoint Caelynn Prylo | Page 10 |
| 8. Certificate of Appointment 08-2015 | |
| 9. Certificate of Appointment 09-2015 | |
| 10. Certificate of Appointment 10-2015 | |

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, 2017

(a) Purpose of Amendment: add state grant funds to county budget to administer Summer Youth Employment Program (these are estimated amounts, adjustments may be made with final allocation).

(b) Appropriation Code, Object Code, Full Title and Amount: 40.6326 110 - TANF Summer, Salaries - Regular - \$13,305; 40.6326 130 - TANF Summer, Salaries - Part Time - \$53,000; 40.6326 410 TANF Summer, Supplies - \$300; 40.6326 470 - TANF Summer, Contract - \$14,531; 40.6326 TANF Summer, Retirement - \$2,475; 40.6326 830 - TANF Summer, Social Security - \$4,111; 40.6326 831 - TANF, Medicare - \$962; 40.6326 860 - TANF Summer, Hospitalization - \$3,686.

(c) Revenue Code (with title), and Amount: 40.6326 4786- TANF Summer - \$92,370.

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: May 24, 2017

- (a) Purpose of Request: Annual request authorizing temporary positions of employment and training

- (b) Details: To establish training slots and related expenses for employment and training programs for the period 7/1/17-6/30/18 (see attached Schedule A).

- (c) Previous Resolution Number: 259 of 2016

SCHEDULE "A"
Temporary Positions/Training Slots
7/1/17-6/30/18

EST. NO. OF JOBS/TRAINING SLOTS	TITLE	DEPT.	ALLOWANCES/WAGES
Title I – Adult 60 Training slots	N/A	WIOA-Adult	Training stipend per approved job training plan/WDB policies. *
Title I – Dislocated Workers 60 Training slots	N/A	WIOA-DW	See below*
Trade Act Programs Training slots (per DOL)	Aides	Trade Act	See below*
Title I - Youth Employment Programs 10 Training slots	N/A	WIOA-Youth	See below*
10 Jobs - in school youth	Aides	WIOA-Youth	See below**
30 Jobs – out of school youth	Aides	WIOA-Youth	See below***
Work Crew Supervisor	Aide	WIOA-Youth	See below****
Summer TANF 50 Jobs	Aides	Summer TANF	See below**

* Plus tuitions, books and related training fees, testing/certification/licensing fees, child care, on-line training licenses, transportation and mileage payments, needs related payments, trade act, job search/relocation allowances and other financial payments made to or on behalf of program participants consistent with the job training plan, federal trade act or applicable WIOA and WDB approved policies. Subject to availability of funds.

** \$9.70/hr. for public/non profit sector worksites. Maximum up to entry-level wage rate for individual private sector worksite placements.

*** \$9.70/hr. for public/non profit sector worksites with one performance increase of \$.30/hr. as approved by the Employment and Training office. May also pay up to entry level wage rate for individual private sector worksite placements.

**** \$16.00/hr. for temporary, Part-time Work Crew Supervisor. Subject to availability of funds, identification of eligible youth and appropriate amount of work.

Note: Wages subject to adjustment as needed to comply with minimum wage requirements (i.e., minimum wage increases to \$10.40 on 12/31/17).

Note: References to above funding streams (adult, etc.) will be inclusive of all types of funds allocated including basic formula funds, incentive funds, supplemental funds, trade act funds or other similar funding made available to the county by the NYS Dept. of Labor for workforce related activities.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Employment and Training

DATE: May 24, 2017

- (a) Is this a Result of a Bid or Request for Proposal? no

- (b) Purpose of Contract: To provide employment and training services for the summer youth employment program through Operation Food Chain.

- (c) Name of Contractor: Washington-Saratoga-Warren-Hamilton-Essex Board of Cooperative Educational Services (BOCES)

- (d) Address of Contractor: 1153 Burgoyne Ave., Suite 2, Fort Edward, NY 12828

- (e) Contractor's Contact Person and Telephone Number: Doug Leavens, 581-3610

- (f) Has or will the Contract be provided, if so, please attach:

- (g) Commencement Date of Contract: on or after 6/26/17

- (h) Termination Date of Contract: no later than 8/25/17

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$14,531
 - 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: TANF Summer - 40 6326 470

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: May 24, 2017

- (a) Name of Appointee: Lynn Achershhoek
- (b) Is this a Reappointment? yes If so, please provide the Resolution No. which authorized the last appointment of this individual CA008 2015
- (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, Warren-Hamilton Community Action Agency
- (e) Address of Appointee: P.O. Box 968, 190 Maple Street, Glens Falls, NY 120801
- (f) Title of Appointment: Saratoga-Warren-Washington Counties Workforce Development Board
- (g) Effective Date of Appointment: July 1, 2017
- (h) Termination Date of Appointment: June 30, 2020
- (i) Name of Person Being Replaced (if applicable):
- (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 and Training Administration

DATE: May 24, 2017

- (a) Name of Appointee: Kyle Brock, Vice President Human Resources
- (b) Is this a Reappointment? Yes If so, please provide the Resolution No. which authorized the last appointment of this individual COA10 - 2015
- (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, 2017
- (h) Termination Date of Appointment: June 30, 2020
- (i) Name of Person Being Replaced (if applicable):
- (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 and Training Administration

DATE: May 24, 2017

- (a) Name of Appointee: Scott Martel, Business Manager
- (b) Is this a Reappointment? yes If so, please provide the Resolution No. which authorized the last appointment of this individual COA08 2015
- (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: Local 773 Plumbers and Steamfitters
- (e) Address of Appointee: PO Box 1343, South Glens Falls, NY 12803
- (f) Title of Appointment: Saratoga-Warren-Washington Counties Workforce Development Board
- (g) Effective Date of Appointment: July 1, 2017
- (h) Termination Date of Appointment: June 30, 2020
- (i) Name of Person Being Replaced (if applicable):
- (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 and Training Administration

DATE: May 24, 2017

- (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. COA09 2015
- (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, 2017
- (h) Termination Date of Appointment: June 30, 2020
- (i) Name of Person Being Replaced (if applicable): Diane Wildey, Dean for Special Academic Services
- (j) Reason for Replacement: Request of the college due to a change in job duties. The change is being made at this time as the appointment expires on June 30, 2017.

Warren County Board of Supervisors

CERTIFICATE OF APPOINTMENT

I, KEVIN B. GERAGHTY, 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 Achershoeck	Warren-Hamilton Community Action Agency	8/21/15 - 6/30/17
John Wheatley	Economic Development Corporation, Warren County, New York	8/21/15 - 6/30/18
Peter Aust	Adirondack Regional Chamber of Commerce	8/21/15 - 6/30/18
Vandra C. Dagles	Glens Falls National Bank & Trust Co.	8/21/15 - 6/30/16
Scott Martel	Local 773 Plumbers & Steamfitters	8/21/15 - 6/30/17
Mike Perez	Angiodynamics	8/21/15 - 6/30/18
Tracey Riley	Finch Paper, LLC	8/21/15 - 6/30/18
Karen Winne	Unicore Technical Materials	8/21/15 - 6/30/16
Leza Wood	SUNY - Adirondack	8/21/15 - 6/30/17

Dated: August 21, 2015


KEVIN B. GERAGHTY, CHAIRMAN
Warren County Board of Supervisors

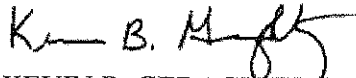
Warren County Board of Supervisors

CERTIFICATE OF APPOINTMENT

I, KEVIN B. GERAGHTY, Chairman of the Warren County Board of Supervisors, pursuant to the power vested in me, DO HEREBY APPOINT, the following named person as a member of the Saratoga-Warren-Washington Counties Workforce Development Board, for the term set opposite her name:

<u>NAME</u>	<u>SECTOR/AFFILIATION</u>	<u>TERM</u>
Diane Wildey	Dean for Spec. Academic Serv. SUNY - Adirondack	9/18/15 - 6/30/17

Dated: September 18, 2015


KEVIN B. GERAGHTY, CHAIRMAN
Warren County Board of Supervisors

Warren County Board of Supervisors

CERTIFICATE OF APPOINTMENT

I, KEVIN B. GERAGHTY, Chairman of the Warren County Board of Supervisors, pursuant to the power vested in me, DO HEREBY APPOINT, the following named person as a member 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>
Kyle Brock	Glens Falls Hospital V.P Human Resources	11/20/15 - 6/30/17

Dated: November 20, 2015


KEVIN B. GERAGHTY, CHAIRMAN
Warren County Board of Supervisors