



REGIONAL WORKFORCE DEVELOPMENT BOARD EXECUTIVE COMMITTEE MEETING AGENDA

**Wednesday, April 8, 2020
9:00 AM**

1546 First Street, Second Floor, Napa

Call-in number: 669 900 9128 Meeting ID: 424 486 1151

CALL TO ORDER		
I.	9:00	A. Introductions B. Public Comment
CONSENT CALENDAR		
These matters typically include routine financial or administrative action items requiring a vote. Any item will be discussed separately at the request of any person. Items are approved with one single motion		
II.		A. Approve February 12, 2019 Meeting Minutes [Attachment II.A] B. Approval of Subcommittee Members Renewal Applications [Attachment II.B] The committee will review and approve renewal applications for membership to one of Advisory Subcommittees: <ul style="list-style-type: none"> • Keith Dias – Marin Advisory Subcommittee • Mary Ann Perrine – Marin Advisory Subcommittee • G Anthony Phillips – Napa Advisory Subcommittee • Mary Kay Sweeney – Marin Advisory Subcommittee • Vin Smith – Napa Advisory Subcommittee
REGULAR CALENDAR		
III.		A. Approval of Request for Additional Assistance funds from State of California. (Action) Staff requests committee approval to request funds to combat impacts of COVID-19 to economy and workforce. B. Approval of Request for National Dislocated Worker Assistance funds through the State of California (Action) Staff requests committee approval to request funds to combat impacts of COVID-19 to economy and workforce. C. COVID – 19 Workforce and Economy Discussion Staff requests committee discussion on COVID 19 impacts to the economy and workforce. Staff will present actions taken to date and planned from WANB.
MEMBER/DIRECTOR REPORTS		
IV.		A. Member B. Director
ADJOURN		
V.		A. Adjourn

ATTACHMENT II.A



REGIONAL WORKFORCE DEVELOPMENT BOARD EXECUTIVE COMMITTEE MEETING MINUTES

Wednesday, February 12, 2020
9:00 AM

Napa County: 1546 First Street, Second Floor, Napa, CA
Mendocino County: 2550 N. State Street, Ukiah, CA

CALL TO ORDER

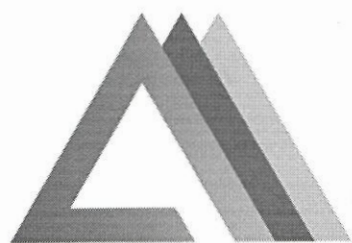
I.	9:00	<p>A. Introductions</p> <p>Napa Advisory Subcommittee Chair Amar Inalsingh called the meeting to order at 9:00 AM.</p> <p>Members Present: Policy & Oversight Subcommittee Chair David Tam; Napa Advisory Subcommittee Chair Amar Inalsingh; Mendocino Advisory Subcommittee Chair Lene Vinding (arrived after item II.A), Marin Advisory Subcommittee Chair Susan Byrne, Lake Advisory Subcommittee Vice Chair Annette Lee.</p> <p>Workforce Alliance Staff Present: Executive Director, Bruce Wilson; Workforce Development Analyst, Sylwia Palczewska; Operations Officer Laura Davis; Operations Analyst Tamara Ochoa; Business Services Representative, Stacey Caico.</p> <p>Guests: CareerPoint MARIN Program Manager, Sherry Parr; MPIC Executive Director Candy De Los Santos,</p> <p>B. Public Comment: None</p>
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CONSENT CALENDAR

These matters typically include routine financial or administrative **action items** requiring a vote.
Any item will be discussed separately at the request of any person. Items are approved with one single motion

II.		<p>A. Approve November 13, 2019 Meeting Minutes. [Attachment II.A]</p> <p>Motion made to approve November 13, 2019 Meeting Minutes. M/S Suzie Byrne / David Tam Motion carried: 4-0 Yea: 4 Nay: 0 Abstentions: 0 Absent: Jeri Hansen, Maureen Mulheren, Lene Vinding</p> <p>B. Approval of Subcommittee Members [Attachment II.B] The committee will review and approve new applications for membership to one or more Advisory Subcommittees:</p> <ul style="list-style-type: none">Tami Mee, Adult Education Manager, Mendocino County Office of EducationEuline Olinger, Director/Program Manager, Mendocino Community College District <p>Motion made as requested M/S Lene Vinding / Suzie Byrne Motion carried: 5-0 Yea: 5</p>
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		<p>Nay: 0 Abstentions: 0 Absent: Jeri Hansen, Maureen Mulheren</p>
REGULAR CALENDAR		
III.		<p>A. Return on Investment Reports – Staff will present a new report that shows the projected return on investment for every WIOA dollar invested in the region and each community. Staff will seek committee input and direction [Attachment III.A] (Action)</p> <p>Operations Analyst Tamara Ochoa presented to the board the quantitative projected Return on Investment Reports for the Workforce Innovation and Opportunity Act (WIOA) system over the next three years and explained formula calculation details.</p> <p>Motion made to accept Return on Investment Reports M/S Suzie Byrne / Lene Vinding Motion carried: 5-0 Yea: 5 Nay: 0 Abstentions: 0 Absent: Jeri Hansen, Maureen Mulheren</p> <p>B. Contracts – Ratification and approval for following contracts (Walk-in) (Action)</p> <ol style="list-style-type: none"> Clifton Allen Larson Amendment County of Marin Fiscal Agent services P2E contract with Marin Probation <p>Executive Director Wilson updated the board on new and amended WANB contracts.</p> <p>Motion made as requested M/S Lene Vinding / Suzie Byrne Motion carried: 5-0 Yea: 5 Nay: 0 Abstentions: 0 Absent: Jeri Hansen, Maureen Mulheren</p>
MEMBER/DIRECTOR REPORTS		
V.		<p>A. Member Board members discussed upcoming Advisory Subcommittee meetings.</p> <p>B. Director</p> <ol style="list-style-type: none"> Regional Conference 2.4.2020 <p>Executive Director Wilson reported on Regional Conference in Rohnert Park. Conference was called Raising the Bar 2020 and was intended to address some of the challenges faced by workforce development professionals in the North Bay.</p> <ol style="list-style-type: none"> WANB transition <p>WANB is going through transition process separating from the County of Napa and will have its own staff. Governing Board, who meets in March, will be taking next steps to establish JPA's own structure.</p>
ADJOURN		
VI.		<p>A. Adjourn Napa Advisory Subcommittee Chair Amar Inalsingh adjourned the meeting at 10:22 AM.</p>



WORKFORCE ALLIANCE OF THE NORTH BAY

DRIVING WORKFORCE TALENT

Application for Regional and/or Local Advisory Subcommittee Membership

In accordance with the Workforce Innovation and Opportunity Act of 2014 (WIOA), the Workforce Alliance of the North Bay (WANB) Governing Board has established a Regional Workforce Development Board (WDB) for Napa, Marin, Lake and Mendocino counties which sets policy for and provides oversight of workforce development programs in the four counties. Workforce Development Board members are appointed by the Governing Board to represent specified sectors of the community as listed in Section IV below. The county advisory subcommittees were created to make recommendations to the full WDB that specifically pertain to their respective county's employers and their workforce. There is a sub committee for each of the WANB counties.

Individuals interested in serving on the WDB or workforce committee must complete and submit this application for appointment. This application and the related Nomination Form(s), if any, may be subject to public disclosure.

Please check the appropriate box:

- ☐ Regional Workforce Development Board (WDB) Membership
☒ Advisory Subcommittee for MARIN county Membership
☒ Renew Membership (if your information hasn't changed please fill out only Section I. and sign the form)
☐ Update Information

Section I. Personal Information

First Name: MARGARET Dwyer Last Name: POZDINE M.I.:

Home Address:

Mailing Address:

Home Phone:

Email Address:

Section II. County / Location

Provide the county in which your residence, business or organization is located: MARIN

Section III. Occupational Information

Industry Sector:

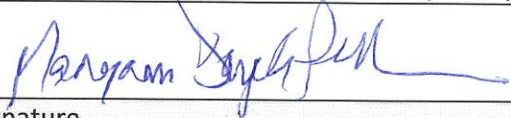
Occupation / Title:

Employer:

Please be advised that members of the Workforce Development Board:

- May be required to take an Oath of Office.
- Must comply with the County's Ethics Ordinance.
- Must participate in State-mandated ethics training.
- Must disclose financial interests as required by the County Code (Form 700).
- Must report any conflicts of interest as required by the County Code.

I hereby certify that all statements in this Application are true and complete to the best of my knowledge and execute this Application under penalty of perjury. I further certify that if I am appointed, I will serve fairly, impartially, and to the best of my ability.



Signature

3/20/2020

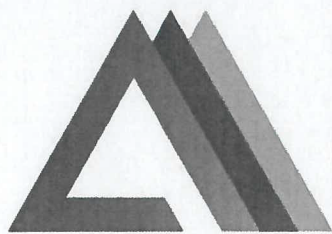
Date

Send completed applications to:

Workforce Alliance of the North Bay
1546 First Street
Napa, CA 94559

or email to:

boardadmin@workforcealliancencorthbay.org



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- ☐ Update Information

Section I. Personal Information

First Name: KEITH Last Name: DEAS M.I.: E

Home Address:

Mailing Address:

Home Phone:

Email Address:

Section II. County / Location

Provide the county in which your residence, business or organization is located:

Section III. Occupational Information

Industry Sector: CONSTRUCTION

Occupation / Title: BUSINESS REPRESENTATIVE

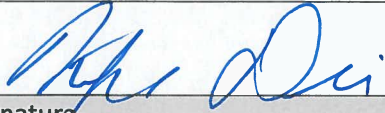

Employer: SHEET METAL WORKERS LOCAL # 104

Employer Address: <u>2610 Crow Canyon Road</u>		
City: <u>SAN Ramon</u>	State: <u>CA</u>	Zip: <u>94583</u>
Employer Phone: <u>925-314-8600</u>		
Section IV. Eligibility Certification		
<i>Indicate below each membership category for which you are applying. You may mark more than one category but must certify your qualifications for each category for which you are applying. A completed Nomination Form must accompany applications for Business Member, Labor Organization, Adult Education and Literacy and/or Higher Education from an appropriate nominating organization.</i>		
<input type="checkbox"/> Business Member (Do you represent a "small business" as defined by the U.S. Small Business Administration? <input type="checkbox"/> Y <input type="checkbox"/> N) Name of Business:		
<input checked="" type="checkbox"/> Labor Organization Name of Organization: <u>SHEET METAL WORKERS LOCAL #104</u>		
<input type="checkbox"/> Joint Labor-Management Apprenticeship Program Name of Organization:		
<input type="checkbox"/> Community-based Organization Name of Organization:		
<input type="checkbox"/> Adult Education and Literacy Name of Provider:		
<input type="checkbox"/> Higher Education Name of Institution:		
<input type="checkbox"/> Economic and Community Development Name of Entity:		
<input type="checkbox"/> State Employment Office		
<input type="checkbox"/> Vocational Rehab Name of Program:		
Section V.		
Describe how your participation on the WDB would advance Workforce Development programs.		
<u>I REPRESENT LABOR AND APPRENTICESHIPS.</u>		

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Signature	Date

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☒ Advisory Subcommittee for NAPA county Membership
☐ Renew Membership (if your information hasn't changed please fill out only Section I. and sign the form)
☐ Update Information

Section I. Personal Information

First Name: GERALD Last Name: PHILLIPS M.I.: A

Home Address:

Mailing Address:

Home Phone:

Email Address:

Section II. County / Location

Provide the county in which your residence, business or organization is located: NAPA

Section III. Occupational Information

Industry Sector:

Occupation / Title: THEATRICAL STAGE TECHNICIAN

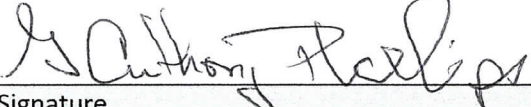
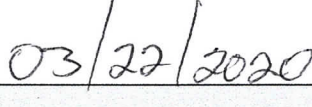
Employer: IATSE LOCAL 116

Employer Address: <u>240 SECOND ST</u>		
City: <u>SAN FRANCISCO</u>	State: <u>CA</u>	Zip: <u>94103</u>
Employer Phone: <u>415-309-1235</u>		
Section IV. Eligibility Certification		
<p><i>Indicate below each membership category for which you are applying. You may mark more than one category but must certify your qualifications for each category for which you are applying. A completed Nomination Form must accompany applications for Business Member, Labor Organization, Adult Education and Literacy and/or Higher Education from an appropriate nominating organization.</i></p>		
<input type="checkbox"/> Business Member (Do you represent a "small business" as defined by the U.S. Small Business Administration? <input type="checkbox"/> Y <input type="checkbox"/> N) <i>Name of Business:</i>		
<input checked="" type="checkbox"/> Labor Organization <i>Name of Organization:</i>		
<input type="checkbox"/> Joint Labor-Management Apprenticeship Program <i>Name of Organization:</i> <u>NAPA BOLD AND CENTRAL COMMITTEE</u>		
<input type="checkbox"/> Community-based Organization <i>Name of Organization:</i>		
<input type="checkbox"/> Adult Education and Literacy <i>Name of Provider:</i>		
<input type="checkbox"/> Higher Education <i>Name of Institution:</i>		
<input type="checkbox"/> Economic and Community Development <i>Name of Entity:</i>		
<input type="checkbox"/> State Employment Office		
<input type="checkbox"/> Vocational Rehab <i>Name of Program:</i>		
Section V.		
Describe how your participation on the WDB would advance Workforce Development programs.		
<p><u>I bring a voice of labor, veterans, and senior CONCERNS.</u></p>		

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- ☐ Update Information

Section I. Personal Information

First Name: Mary Kay Last Name: Sweeney M.I.:

Home Address:

Mailing Address

Home Phone:

Email Address:

Section II. County / Location

Provide the county in which your residence, business or organization is located: Marin

Section III. Occupational Information

Industry Sector: Community-Based Organization — Social Services

Occupation / Title: Executive Director

Employer: Homeward Bound of Marin

Employer Address:	1385 N. Hamilton Parkway		
City:	Novato	State:	CA
		Zip:	94949
Employer Phone:	415-382-3363		
Section IV. Eligibility Certification			
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<input type="checkbox"/>	Labor Organization <i>Name of Organization:</i>		
<input type="checkbox"/>	Joint Labor-Management Apprentices Program <i>Name of Organization:</i>		
<input checked="" type="checkbox"/>	Community-based Organization <i>Name of Organization:</i> Homeward Bound of Marin		
<input type="checkbox"/>	Adult Education and Literacy <i>Name of Provider:</i>		
<input type="checkbox"/>	Higher Education <i>Name of Institution:</i>		
<input type="checkbox"/>	Economic and Community Development <i>Name of Entity:</i>		
<input type="checkbox"/>	State Employment Office		
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	3-23-2020
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