



## REGIONAL WORKFORCE DEVELOPMENT BOARD EXECUTIVE COMMITTEE AMENDED MEETING AGENDA

**Wednesday, May 11, 2022, 9:00 AM**

**Primary Location:** 1546 First Street, Napa (upstairs)  
**Secondary Locations:** 1111 Las Gallinas Ave, San Rafael, Room D  
618 Ruston Lane, Napa & 401 Bicentennial Way, Santa Rosa

**Call-in number:** +1 253 215 8782 **Meeting ID:** 834 9195 1841 **Passcode:** 379213  
<https://us06web.zoom.us/j/83491951841?pwd=eXZlTmNvY1FCMTVhaHRZS2tiSjhYUT09>

### CALL TO ORDER

- |    |  |   |
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| I. |  | <b>A. Introductions</b><br><b>B. Public Comment</b><br><b>C. Chair update</b><br><b>D. Member update</b><br><b>E. Director update</b> |
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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

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| II. |  | <b>A. Approve April 13, 2022 Meeting Minutes [Attachment II.A]</b> |
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### REGULAR CALENDAR

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| III. |  | <b>A. Approval of Advisory Subcommittee Members Applications [Attachment III.A]</b><br>The Executive Committee will review and approve applications for advisory subcommittee membership: <ol style="list-style-type: none"> <li>1. Mendocino Advisory Subcommittee: Jolee White, Adventist Health – New</li> <li>2. Mendocino Advisory Subcommittee: Laura Liberty, Factory Pipe – New</li> <li>3. Lake Advisory Subcommittee: Susan Parker, Lake County – Renewal</li> <li>4. Marin Advisory Subcommittee: Heather Bettini, Community Action Marin - New</li> <li>5. Marin Advisory Subcommittee: Miles Smith, IBM – New</li> <li>6. Marin Advisory Subcommittee: Katheryn Horton, College of Marin – Renewal</li> <li>7. Marin Advisory Subcommittee: Jaemi Naish, Tamalpais Adult School - Renewal</li> </ol> <b>B. WANB Year-to-Date Expenditures and Transfer Request</b> - Staff will provide committee with an update on formula expenditures and will request budget line-item transfers.<br><b>C. Regional Equity and Recovery Partnership Grant</b> – Staff will update the committee on a new regional grant WANB is applying for in partnership with Sonoma and Solano Counties.<br><b>D. Small Business Development Center Application and Results</b> – Staff will provide the committee with an update on WANB efforts to become host agency of the Napa/Lake SBDC.<br><b>E. One-Stop MOU Update</b> – Staff will provide the Executive Committee with an update on the One-Stop MOU. |
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### ADJOURN

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| IV. |  | <b>A. Adjourn</b> |
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## Attachment II.A

### REGIONAL WORKFORCE DEVELOPMENT BOARD EXECUTIVE COMMITTEE MEETING MINUTES



Wednesday, April 13, 2022

9:00 AM

Primary Location: 1546 First Street, Napa, CA

Other Location: 3618 Ruston Lane, Napa CA

401 Bicentennial Way Santa Rosa, CA 95403

Call-in number: +1 253 215 8782 Meeting ID: 834 9195 1841 Passcode: 379213

<https://us06web.zoom.us/j/83491951841?pwd=eXZlTmNvY1FCMTVhaHRZS2tiSjhYUT09>

#### CALL TO ORDER

I.	<p><b>A. Introductions</b></p> <p>Executive Committee Chair Jeri Hansen called the meeting to order at 9:00 a.m.</p> <p>Members Present: Executive Committee Chair, Jeri Hansen; Marin Advisory Subcommittee Chair, Suzie Byrne; Napa Advisory Subcommittee Chair, Paul Hicks, Mendocino Advisory Representative, Frank Cuneo.</p> <p>Workforce Alliance/CareerPoint Staff Present: Associate Director &amp; Chief of Operations, Laura Davis; HR Officer, Taylor Swain; Workforce Development Analyst, Sita Williams; CareerPoint Project Director, Christy Gard.</p> <p><b>B. Public Comment</b></p> <p>None.</p> <p><b>C. Chair update</b></p> <p>None.</p> <p><b>D. Member update</b></p> <p>Frank Cuneo gave an update on the North Bay TIP Program.</p> <p><b>E. Director update</b></p> <p>Laura Davis gave an update of the Ecology Corps Program and a grant possibility between the community colleges and the north bay area workforce boards.</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><b>A. Approve February 9, 2022 Meeting Minutes [Attachment II.A]</b></p> <p>Motion made to approve February 9, 2022 Meeting Minutes:</p> <p>M/S: Paul Hicks/ Frank Cuneo</p> <p>Motion carried: 4-0</p> <p>Yea: 4</p> <p>Nay: 0</p> <p>Abstentions: 0</p> <p>Absent: 0</p>
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#### REGULAR CALENDAR

## Attachment II.A

III.	<p><b>A. Approval of Advisory Subcommittee Members Applications</b> [Attachment III.A] (Action)</p> <p>The Executive Committee will review and approve applications for advisory subcommittee membership:</p> <p>a. Lake Advisory Subcommittee: Theresa Showen, Laura Sammel &amp; Kevin Reynolds</p> <p>Motion made to approve Advisory Subcommittee Members Applications:</p> <p>M/S: Paul Hicks/Suzie Byrne</p> <p>Motion carried: 4-0</p> <p>Yea: 4</p> <p>Nay: 0</p> <p>Abstentions: 0</p> <p>Absent: 0</p> <p><b>B. Funding Transfer Request</b> (Action)</p> <p>a. CareerPoint Lake has requested to transfer \$52,232 from the dislocated worker formula funding to the adult program formula funding due to an increased number of adults coming in for services.</p> <p>Motion made to approve CareerPoint Lake Funding Transfer Request:</p> <p>M/S: Frank Cuneo/Paul Hicks</p> <p>Motion carried: 4-0</p> <p>Yea: 4</p> <p>Nay: 0</p> <p>Abstentions: 0</p> <p>Absent: 0</p> <p>b. CareerPoint Mendocino has requested to transfer \$76.534 the dislocated worker formula funding to the adult program formula funding due to an increased number of adults coming in for services.</p> <p>Motion made to approve CareerPoint Mendocino Funding Transfer Request:</p> <p>M/S: Suzie Byrne/Frank Cuneo</p> <p>Motion carried: 4-0</p> <p>Yea: 4</p> <p>Nay: 0</p> <p>Abstentions: 0</p> <p>Absent: 0</p> <p><b>C. Contracts</b> – Ratification and approval for the following contracts: (Action)</p> <p>a. Arbor E&amp;T, LLC dba Equus Workforce Solutions New Agreement for One Stop Operator services \$10,000 through June 30<sup>th</sup>, 2022 and \$40,000 for PY 22-23.</p> <p>Motion made to approve Arbor E&amp;T, LLC dba Equus Workforce Solutions New Agreement for One Stop Operator services:</p> <p>M/S: Frank Cuneo/Suzie Byrne</p> <p>Motion carried: 4-0</p> <p>Yea: 4</p> <p>Nay: 0</p> <p>Abstentions: 0</p> <p>Absent: 0</p>
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## Attachment II.A

	<p>b. Marin County Fire Department, Amendment #1 for \$18,000 for a new max of \$63,000 for the creation of the Fire Foundry replication manual.</p> <p>Motion made to approve Marin County Fire Department, Amendment #1: M/S: Frank Cuneo/Suzie Byrne Motion carried: 4-0 Yea: 4 Nay: 0 Abstentions: 0 Absent: 0</p> <p>c. CliftonLarsonAllen LLP, Amendment #2 for annual single audit services: \$16,080 for PY 19-20 and \$17,672 for PY 20-21.</p> <p>Motion made to approve CliftonLarsonAllen LLP, Amendment #2: M/S: Frank Cuneo/Suzie Byrne Motion carried: 4-0 Yea: 4 Nay: 0 Abstentions: 0 Absent: 0</p>
ADJOURN	
IV.	<p>A. Adjourn Meeting adjourned at 9:23 a.m.</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 Lake&Mendocino county Membership  
☐ Renew Membership (if your information hasn't [REDACTED] out only Section I. and sign the form)  
☐ Update Information

### Section I. Personal Information

First Name: Jolee

Last Name: White

M.I.:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] same

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

### Section II. County / Location

Provide the county in which your residence, business or organization is located: Adventist Health has facilities in CA, OR, WA, HI. Local facilities include Napa, Lake, Mendocino counties

### Section III. Occupational Information

Industry Sector: Health Care

Occupation / Title: Talent Acquisition Manager

Employer: Adventist Health

## Attachment III.A

Employer Address: 230-B Hospital Drive		
City: Ukiah	State: CA	Zip: 95463
Employer Phone: 707-963-6588		
<b>Section IV. Eligibility Certification</b>		
<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 checked="" type="checkbox"/> Business Member (Do you represent a "small business" as defined by the U.S. Small Business Administration? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N) <i>Name of Business:</i>		
<input type="checkbox"/> Labor Organization <i>Name of Organization:</i>		
<input type="checkbox"/> Joint Labor-Management Apprenticeship Program <i>Name of Organization:</i>		
<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>		
<b>Section V.</b>		
<b>Describe how your participation on the WDB would advance Workforce Development programs.</b>		
<p>Adventist Health employees more than 1300 local residents in 3 hospitals and more than 30 patient service facilities in our hospitals and clinics in Ukiah, Willits and Ft. Bragg.</p> <p>As the Talent Acquisition Manager for these areas I and my team collaborate to provide local and system strategy planning, sourcing, recruitment and hiring of positions at all levels.</p> <p>I anticipate that my participation in this sub-committee will strengthen the communication and collaboration between Adventist Health, the WANB, Career Point centers and potentially Bright Futures programs. We brings job opportunities, and equally important, opportunities for local residents to begin and grow their health care career in their local communities. Our involvement with the WANB and subcommittee will expand the two way conduit to hire and retain residents in the counties served by WANB and it's programs</p>		

## Attachment III.A

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.

Jolee White

4/20/22

Signature

Date

Send completed applications to:

Workforce Alliance of the North Bay  
P.O. BOX 247  
Napa, CA 94559

or email to:  
[boardadmin@workforcealliancencorthbay.org](mailto:boardadmin@workforcealliancencorthbay.org)



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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 Mendocino 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: Laura

Last Name: Liberty

M.I.: E.

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted] Phone:

Email Address:

[Redacted]

### Section II. County / Location

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

### Section III. Occupational Information

Industry Sector: Manufacturing

Occupation / Title: Human Resources and Communications Manager

Employer: Factory Pipe, LLC

## Attachment III.A

Employer Address: 1307 Masonite Rd.		
City: Ukiah	State: CA	Zip: 95482
Employer Phone: 707-463-1322		
<b>Section IV. Eligibility Certification</b>		
<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 checked="" type="checkbox"/> Business Member (Do you represent a "small business" as defined by the U.S. Small Business Administration? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N) <i>Name of Business:</i> Factory Pipe, LLC		
<input type="checkbox"/> Labor Organization <i>Name of Organization:</i>		
<input type="checkbox"/> Joint Labor-Management Apprenticeship Program <i>Name of Organization:</i>		
<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>		
<b>Section V.</b>		
Describe how your participation on the WDB would advance Workforce Development programs.		
<p>As a human resources manager, my participation on the WDB would advance Workforce Development programs by providing a perspective on what HR Managers need in order to successfully implement these programs. I also believe that my unique experience as a manufacturing professional can provide insight as to the type of skills necessary for living wage jobs in the North Bay.</p>		

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- 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 <i>Laura Liberty</i>	Date 05/09/2022

Send completed applications to:

Workforce Alliance of the North Bay  
P.O. BOX 247  
Napa, CA 94559

or email to:  
boardadmin@workforcealliancencorthbay.org



# WORKFORCE ALLIANCE OF THE NORTH BAY

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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 LAKE 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: Juan Last Name: Parker M.I.: R



### Section II. County / Location

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

### Section III. Occupational Information

Industry Sector:

Occupation / Title:

Employer:

## Attachment III.A


Employer Address:		
City:	State:	Zip:
Employer Phone:		
<b>Section IV. Eligibility Certification</b>		
<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) <i>Name of Business:</i>		
<input type="checkbox"/> Labor Organization <i>Name of Organization:</i>		
<input type="checkbox"/> Joint Labor-Management Apprenticeship Program <i>Name of Organization:</i>		
<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>		
<b>Section V.</b>		
Describe how your participation on the WDB would advance Workforce Development programs.		

## Attachment III.A

**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.

	4.26.2022
Signature	Date

Send completed applications to:

Workforce Alliance of the North Bay  
P.O. BOX 247  
Napa, CA 94559

or email to:  
boardadmin@workforcealliancenorthbay.org



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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: Heather

Last Name: Bettini

M.I.: D

[REDACTED]

### Section II. County / Location

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

### Section III. Occupational Information

Industry Sector: Nonprofit

Occupation / Title: Director, Economic Justice

Employer: Community Action Marin

## Attachment III.A

Employer Address: 555 Northgate Drive, Suite 201		
City: San Rafael	State: CA	Zip: 94903
Employer Phone: 415-526-7500		
<b>Section IV. Eligibility Certification</b>		
<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) <i>Name of Business:</i>		
<input type="checkbox"/> Labor Organization <i>Name of Organization:</i>		
<input type="checkbox"/> Joint Labor-Management Apprenticeship Program <i>Name of Organization:</i>		
<input checked="" type="checkbox"/> Community-based Organization <i>Name of Organization:</i> Community Action 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		
<input type="checkbox"/> Vocational Rehab <i>Name of Program:</i>		
<b>Section V.</b>		
Describe how your participation on the WDB would advance Workforce Development programs.		
<p>I manage Community Action Marin's workforce development programming, and in that capacity, I operate multiple job training programs that align with in-demand industries in Marin County. I would bring experience supporting under-resourced populations, including individuals experiencing homelessness, immigrants, single parents, etc. to complete workforce development training programs and launch careers in the commercial driving, early care and education, and food industries. I have developed robust partnerships to ensure participants can access the mental health, childcare, job readiness and other services they need to succeed in training programs and their careers. I have a vision to integrate intake and data collection systems across agencies to streamline workforce systems and render them more accessible to our community. I would bring the perspective of the diverse job seekers who seek fulfilling employment to ensure their voices are included in decision-making about systems that affect them. I am committed to supporting the successful creation of a job center hub in Marin County through which job seekers can access a multitude of bundled services that will allow them to achieve self-sufficiency and thrive.</p>		

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- 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.

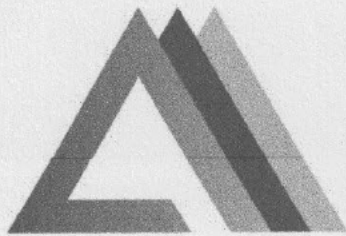
I hereby certify that all statements in this Application are true and complete to the best of my knowledge and execute this Application under penalty of perjury. I further certify that if I am appointed, I will serve fairly, impartially, and to the best of my ability.

<i>Heather Bettini</i>	4/22/2022
Signature	Date

Send completed applications to:

Workforce Alliance of the North Bay  
P.O. BOX 247  
Napa, CA 94559

or email to:  
[boardadmin@workforcealliancencorthbay.org](mailto:boardadmin@workforcealliancencorthbay.org)



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DRIVING WORKFORCE TALENT

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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: Niles Last Name: Smith M.I.: V

[Redacted Address Block]

Email Address:

### Section II. County / Location

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

### Section III. Occupational Information

Industry Sector: Technology Services  
 Occupation / Title: Sales and Account Management / Associate Partner  
 Employer: IBM

# Attachment III.A

Employer Address:	425 Market Street		
City:	San Francisco	State:	CA
		Zip:	94105
Employer Phone:	415-545-2000 / 800 426- <del>99</del> 4968		
<b>Section IV. Eligibility Certification</b>			
<p>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.</p>			
<input checked="" type="checkbox"/>	Business Member (Do you represent a "small business" as defined by the U.S. Small Business Administration? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N) Name of Business: IBM		
<input type="checkbox"/>	Labor Organization Name of Organization:		
<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:		
<b>Section V.</b>			
Describe how your participation on the WDB would advance Workforce Development programs.			
<p>I am committed to furthering workforce development, upward mobility, and advancing equity. As a long-time professional in technology, I believe my experience in the sector and network can help further ideas and open doors. And given my passion for WFD and homebase of San Rafael, I'm excited to support the important work of the Advisory Subcommittee of Marin County.</p>			

## Attachment III.A

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.

Miles V Smith

5/1/2022

Signature

Date

Send completed applications to:

Workforce Alliance of the North Bay  
P.O. BOX 247  
Napa, CA 94559

or email to:

[boardadmin@workforcealliancenorthbay.org](mailto:boardadmin@workforcealliancenorthbay.org)



# 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  
☒ xAdvisory 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: Katheryn Last Name: Horton M.I.: M

[REDACTED] [REDACTED] [REDACTED] [REDACTED] Zip: [REDACTED]

Mailing Address: Same City: [REDACTED] Zip: [REDACTED]

Cell Phone: [REDACTED] Alternate Phone: [REDACTED]

Email Address: [REDACTED]

### Section II. County / Location

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

### Section III. Occupational Information

Industry Sector: Education

Occupation / Title: Director of Workforce Programs

Employer: College of Marin

## Attachment III.A

Employer Address: 1200 Ignacio Blvd			
City:	Novato	State:	CA
		Zip:	94949
Employer Phone:			
<b>Section IV. Eligibility Certification</b>			
<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 type="checkbox"/>	Labor Organization <i>Name of Organization:</i>		
<input type="checkbox"/>	Joint Labor-Management Apprenticeship Program <i>Name of Organization:</i>		
<input type="checkbox"/>	Community-based Organization <i>Name of Organization:</i>		
<input type="checkbox"/>	Adult Education and Literacy <i>Name of Provider:</i>		
<input checked="" type="checkbox"/>	Higher Education <i>Name of Institution:</i> College of Marin		
<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>		
<b>Section V.</b>			
Describe how your participation on the WDB would advance Workforce Development programs.			
Knowledge of workforce training programs that align with livable wage jobs in Marin.			

## Attachment III.A

Please be advised that members of the Workforce Development Board:

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- Must participate in State-mandated ethics training.
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- 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.

*Katheryn Horton*

4/25/22

Signature

Date

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Napa, CA 94559

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- ☐ 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: Jaemi Last Name: Naish M.I.:

### Section II. County / Location

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

### Section III. Occupational Information

Industry Sector: Adult Education - Education  
 Occupation / Title: Director  
 Employer: Tamapais Union High School District

## Attachment III.A


Employer Address: 375 Doherty Dr.		
City: Larkspur	State: CA	Zip: 94939
Employer Phone: (415) 945-3780		
<b>Section IV. Eligibility Certification</b>		
<p>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.</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) Name of Business:		
<input type="checkbox"/> Labor Organization Name of Organization:		
<input type="checkbox"/> Joint Labor-Management Apprenticeship Program Name of Organization:		
<input type="checkbox"/> Community-based Organization Name of Organization:		
<input checked="" type="checkbox"/> Adult Education and Literacy Name of Provider: Tamalpais Adult School		
<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:		
<b>Section V.</b>		
Describe how your participation on the WDB would advance Workforce Development programs.		
<p>Tamalpais Adult School <sup>(TAS)</sup> &amp; programs provides adult &amp; family literacy services to historically underserved learners across Marin County. The vision &amp; mission of TAS is to support adults into family sustaining careers &amp; training, learn English &amp; transition to higher education.</p>		

## Attachment III.A

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	4-25-2022
Signature	Date

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