

REGIONAL WORKFORCE DEVELOPMENT BOARD AMENDED MEETING AGENDA

Thursday, June 9, 2022, 10:00 AM

Primary Locations:

Lake Location: CareerPoint Lake, 55 First Street, Suite 114, Lakeport, CA, Osprey Rm. **Marin Location:** San Rafael Chamber of Commerce, 817 Mission Ave., San Rafael, CA

Mendocino Location: Ukiah Adult School, 1056 N Bush St, Ukiah, CA **Napa Location:** CareerPoint Napa, 1546 First Street, Napa, CA, Upstairs

Secondary Locations:

3275 Atherton Circle, Napa, CA; 4350 Central Place, Suite B, Fairfield, CA 1801 East Cotati Avenue, Schulz Information Center, SSU, Rohnert Park, CA 15880 Dam Road Extension, 15880 Dam Road Extension, Clearlake, CA 1220 Andersen Dr., San Rafael, CA; 3618 Ruston Lane, Napa, CA 1111 Las Gallinas Ave., San Rafael, CA

Zoom Call-In Information:

https://us06web.zoom.us/j/82214928094?pwd=c2pjUTZEUWtNcFpXeEMwK0lrMW9MUT09 Call-in Number: +1 253 215 8782 Meeting ID: 822 1492 8094 Passcode: 792935

CALL TO ORDER

- I. A. Welcome, Introductions, Agenda Review
 - B. Public Comment
 - C. Chair Update
 - D. Members Update
 - E. Executive Director

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 member. Items are approved with one single motion.

- II. A. Approval of December 9, 2021 Meeting Minutes [Attachment II.A]
 - B. Ratify WANB Agreements [Board Letter II.B]
 - C. Ratification of Regional Workforce Development Board Members [Board Letter II.C] [Attachment II.C]
 - D. Ratification of Subcommittee Member Applications & Renewals [Board Letter II.D] [Attachment II.D]
 - E. Funding Transfer Request: CareerPoint Lake & CareerPoint Mendocino [Board Letter II.E]

REGULAR CALENDAR/DISCUSSION

- A. North Bay Employment Connection (NBEC) Study Report [Board Letter III.A] (Presentation & Discussion)
 - B. CareerPoint North Bay/American Job Center of California MOU [Board Letter III.B] (Action)
 - C. One-Stop Operations [Board Letter III.C] (Presentation & Discussion)
 - D. **Ecology Corps** [Board Letter III.D] (Presentation & Discussion)
- IV. A. Adjourn

Attachment II.A REGIONAL WORKFORCE DEVELOPMENT BOARD MEETING MINUTES





Primary Locations:

Lake Location: 55 First Street, Suite 114, Lakeport, CA 95453, Osprey Room
 Marin Location: 1111 Las Gallinas Ave., San Rafael, CA 94903, Board Room
 Mendocino Location: 1056 N Bush St, Ukiah, CA 95482, Conference Room
 Napa Location: 1546 First Street, Napa, CA 94559, Upstairs

Secondary Locations

1250 Main Street, Suite 200, Napa, CA 94559 3275 Atherton Circle, Napa, CA 94559 1201 Vine Street, Suite 103, Healdsburg, CA 95448, Conference Room 99 Montecillo Way San Rafael, CA 94903

Call-in number: +1 253 215 8782, Meeting ID: 890 9640 7754, Password: 454164 https://us06web.zoom.us/j/89096407754?pwd=YTBhWDgraVFwcmZaK2lrRWpFUDFLZz09

CALL TO ORDER

A. Welcome, Introductions, Agenda Review

Acting Chair, Paul Hicks called the meeting to order at 10:04 a.m.

Board Members Present: Paul Hicks, Rebecca Southwick, Christy Smith, Paul Castro, Frank Cuneo, Geovanni Flores, Vin Smith, David Wayte, Keith Dias, Mark Van Gorder, Marty Flynn, Ken Lippi (left at III.C), Susan Byrne (left at III.C)

Members Absent: Cecilia Zamora, Emilia Bartolomeu, Jeri Hansen, Joanne Webster, Mark Bontrager, Rick Wells, Robert Eyler, Elizabeth Sheehan

Workforce Alliance Staff Present: Executive Director Bruce Wilson, Taylor Swain, Laura Davis, Doug Orlando, Sita Williams

CareerPoint Staff Present: Christy Gard, Brian Hooker

B. Public Comment

None.

١.

C. Chair Update

None.

II.

D. Members Update

Board members did a brief update on current affairs in their areas of business.

- E. Executive Director
 - 1. Legislative Update (Attached)

Executive Director, Bruce Wilson, gave a legislative update.

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 member. Items are approved with one single motion.

- A. Approval of June 10, 2021 Meeting Minutes [Attachment II.A]
 - B. Ratify WANB Agreements [Board Letter II.B.]
 - C. Ratification of Subcommittee Member Application Renewal [Board Letter II.C] [Attachment II.C]

- D. Ratification of Regional Workforce Development Board Member [Board Letter II.D] [Attachment II.D]
- E. Master Meeting Calendar [Attachment II.E]

Motion made to approve consent calendar.

M/S: Keith Dias/Vin Smith Passed unanimously: 13:0

Abstentions: 0

III.

REGULAR CALENDAR/DISCUSSION

A. Department of Rehabilitation Demand Side Employment Initiative, Toussaint Wade, DOR DSEI Coordinator [Board Letter III.A] (Presentation)

Toussaint Wade from the Department of Rehabilitation discussed the D.O.R.'s new Demand Side Employment Initiative.

B. WIOA and One Stop Background & Partnerships [Board Letter III.B] (Presentation)

Executive Director, Bruce Wilson, and Workforce Development Specialist, Doug Orlando discussed how the One Stop Career Centers works and how the community partners fit in.

C. Ratification and approval of America's Job Center of California (AJCC) Comprehensive Certification [Board Letter III.C] [Attachment III.C] (Action)

Action Tabled for III.C. Will be reviewed again at a future board meeting.

D. Ratify / Accept PY 19-20 Single Audit [Board Letter III.D] (Action)

Motion made to Ratify/Accept PY 19-20 Single Audit

M/S: Frank Cuneo/Paul Castro Passed unanimously: 11:0

Abstentions: 0

E. Update Regional Workforce Board Bylaws (Board Letter III.E] [Attachment III.E] (Action)

Motion made to update Regional Workforce Board Bylaws

M/S: Mark Van Gorder/Vin Smith

Passed unanimously: 11:0

Abstentions: 0

ADJOURN

IV. A. Adjourn

Meeting was adjourned at 11:48 a.m.

BOARD LETTER II.B



TO: REGIONAL WORKFORCE DEVELOPMENT BOARD

FROM: STAFF

SUBJECT: BOARD LETTER II.B - RATIFY APPROVAL OF WORKFORCE ALLIANCE AGREEMENTS

DATE: JUNE 9, 2022

CC: FILE

JPA staff solicits Regional Workforce Development Board ratification for the following agreements and amendments enacted by the Executive Committee and Governing Board.:

CONTRACTOR	NEW/ AMENDMENT	AMOUNT	COMMENTS
Conservation Corps North Bay	New	\$61,016	New agreement to provide an 8-week youth ecology work experience program for Marin and Napa counties.
Arbor E&T, LLC dba Equus Workforce Solutions	Amendment	\$4,192,579	Provision of WIOA program services in Lake, Marin, Mendocino, and Napa Counties for Program Year 2021-2022. Amendment incorporates carrying funds from the previous year, Lake County \$276,042, Marin County \$189,144, Mendocino County \$444,436, Napa County \$32,557 for a new agreement maximum of \$4,192,579.
Arbor E&T, LLC dba Equus Workforce Solutions	New	\$50,000	Provision of One Stop Operation Services for the remainder of Program Year 21-22 in all four counties for \$10,000 and \$40,000 for PY22—23.
CliftonLarsonAllen LLP	Amendment #2 & #3	\$33,752	Provision of annual single audit services: \$16,080 for PY 19-20 and \$17,672 for PY 20-21

STAFF RECOMMENDATION

Ratify agreements with the above noted contractors and partners and authorize Board Chair and/or Executive Director to sign final negotiated agreements.

BOARD LETTER II.C



TO: REGIONAL WORKFORCE DEVELOPMENT BOARD

FROM: STAFF

SUBJECT: BOARD LETTER II.C- APPROVE APPOINTMENT OF REGIONAL WORKFORCE DEVELOPMENT BOARD

MEMBERS

DATE: JUNE 9, 2022

CC: FILE

BACKGROUND

The Workforce Alliance of the North Bay (WANB) Regional Workforce Development Board (RWDB) is a legislatively mandated business led board. In partnership with the WANB Governing Board, the Workforce Development Board oversees workforce development activities and establishes policies and programs in response to the workforce needs of Marin, Napa, Mendocino and Lake Counties. It is the region's only organization that has workforce development as its sole purpose and function.

The WIOA Section 107(b)(2)(A) through (E) states the requirements for nominating and selecting members in each membership category:

- 1. Representatives of Business (majority of board)
- 2. Representatives of Labor (>20%)– including labor, apprenticeship, community-based organizations, and youth serving organizations.
- 3. Representatives of Education including adult & literacy activities, higher education, agencies and organizations addressing the education or training needs of individuals with barriers to employment.
- 4. Representatives of Governmental and Economic and Community Development including state employment office, vocational rehabilitation and economic development.

WANB Staff received two new Regional Workforce Development Board membership applications. Staff have reviewed the applications and have confirmed that the appointments would meet WIOA requirements.

Representatives of Education

- 1. Bryan Avila, Co-Founder, Vintners Institute
- Jason Henderson, Regional Banking Senior Manager, Vice President Southern Marin District, Wells Fargo Bank

SAFF RECOMMENDATION

Approve above individuals for appointment to the WANB Regional Workforce Development Board.



WORKFORCEALLIANCE 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 bo	x:		
TRegional Workforce Developm			
☐ Advisory Subcommittee for _			
	nformation hasn't ch	anged please fill out	only Section I. and sign the form)
☐ Update Information			
	Section I. Pers	onal Information	
First Name: Bryan	Last Nam	e: Avila	M.I.: P
Home Address:		City:	Zip:
Mailing Address: Same	as Home Address	City:	Zip:
Cell Phone		Alternate Phone:	
Email Address:			
	Section II. Co	ounty / Location	
Provide the county in which your located:	residence, business	or organization is	
	Section III. Occup	oational Informatio	n
Industry Sector: Wine			
Occupation / Title: Managing Di	rector/Founder		
Employer: Vintners Institute			

City: Napa	State: Ca	Zip: 94558
mployer Phone:		
	Section IV. Eligibility Ce	rtification
ategory but must certify Iomination Form must ac	your qualifications for each category	pplying. You may mark more than one for which you are applying. A completed Member, Labor Organization, Adult Education minating organization.
Administration? 🗆 Y		s defined by the U.S. Small Business
Labor Organization Name of Organization:		
	nent Apprentice Program	
Community-based O Name of Organization:	ganization	
Adult Education and Name of Provider:	Literacy	
Higher Education Name of Institutio		
Economic and Comm Name of Entity:	unity Development	
State Employment Of	fice	
Vocational Rehab		
Name of Program:	Section V.	
Describe how your n		ance Workforce Development programs.
Vintners Institute jor areas, workforce apprenticeship prog s organization teac	serves growers and vintners l training of entry-level viney ram and coordination of techni nes best practices, develops t tation of research that helps	ocated in the United States in three ard and winery workers, oversight of

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.

Docusigned by:

Bryan Avila
7 FEB 2022

7 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



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:			
X Regional Workforce Developmen	nt Board (WDB) Membership		
☐ Advisory Subcommittee for Ma	rincounty Membership *Rei	newal	
X Renew Membership (if your info	rmation hasn't changed please fill out or	ly Section I. and sign the form)	
☐ Update Information			
	Section I. Personal Information		
First Name: Jason	Last Name: Henderson	M.I.: B	
Home Address:	City:	Zip:	
Mailing Address: Same	City: Same	Zip: Same	
Cell Phone	Alternate Phone:		
Email Address:			
	Section II. County / Location		
Provide the county in which your relocated:	esidence, business or organization is		
S	ection III. Occupational Information		
Industry Sector:			
Occupation / Title:			
Employer:			

Employer Address:				
City:	State:	Zip:		
Employer Phone:		·		
	Section IV. Eligibilit	ty Certification		
category but must certify your quali	fications for each cate applications for Busin	are applying. You may mark more than one egory for which you are applying. A completed ness Member, Labor Organization, Adult Education te nominating organization.		
Administration? \(\subseteq \text{Y} \subseteq \text{N} \) Name of Business:	esent a "small busine	ess" as defined by the U.S. Small Business		
☐ Labor Organization Name of Organization:				
☐ Joint Labor-Management Appr Name of Organization:	<u>-</u>			
☐ Community-based Organization Name of Organization:	n			
☐ Adult Education and Literacy Name of Provider:				
☐ Higher Education Name of Institution:				
☐ Economic and Community Dev Name of Entity:	elopment			
☐ State Employment Office ☐ Vocational Rehab				
Name of Program:	Section	V		
Describe how your participation		d advance Workforce Development programs.		

5.27.2021 10

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.

Jason B. Henderson (electronic Signature)

Signature

January 24, 2021

Date

Send completed applications to:

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

or email to: boardadmin@workforcealliancenorthbay.org

BOARD LETTER II.D



TO: REGIONAL WORKFORCE DEVELOPMENT BOARD

FROM: STAFF

SUBJECT: BOARD LETTER II.D- APPROVE APPOINTMENT & REAPPOINTMENT OF SUBCOMMITTEE MEMBERS

DATE: JUNE 9, 2022

CC: FILE

BACKGROUND

The Workforce Alliance Regional Workforce Development Board (RWDB) is a legislatively mandated business led board. In partnership with the Workforce Alliance Governing Board, the RWDB oversees Lake, Marin, Mendocino and Napa Counties' workforce development activities and establishes programs in response to the workforce needs of those communities. It is the region's only organization that has workforce development as its sole purpose and function.

In accordance with Section 18, item e of the Joint Powers Agreement, signed by each member county's board of supervisors, there will be four standing subcommittees:

- 1. Lake County
- 2. Marin County
- 3. Mendocino County
- 4. Napa County

The following individual submitted a renewal for membership to a WANB Advisory Subcommittee:

Lake Advisory Subcommittee

- iv. Laura McAndrews Sammel
- v. Susan Parker, Lake County renewal
- vi. Theresa Showen, Lake County Department of Social Services
- vii. Kevin Reynolds, Reynolds Systems Inc.

Marin Advisory Subcommittee

viii. Heather Bettini, Community Action Marin

ix. Katheryn Horton, College of Marin - renewal

x. Bill Mueller, Lucid Automation Security

xi. Jaemi Nash, Tamalpais Adult School - renewal

xii. Miles Smith, IBM

Mendocino Advisory Subcommittee:

- i. Laura Liberty, Factory Pipe, LLC
- ii. Dorianne Tanaka, Ukiah Valley Association for Habilitation
- iii. Jolee White, Adventist Health

SAFF RECOMMENDATION - Approve above individuals for appointment/reappointment to the WANB Advisory Subcommittees.



WORKFORCEALLIANCE 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 Advisory Subcommittee for ☐ Renew Membership (if your inform ☐ Update Information	county Membership	only Section I. and sign the form)
	Section I. Personal Information	in the particular and the control of
First Name: LUBA	Last Name: Mc ANDREWS	Suman.
Home Address	City:	Zip:
Mailing Address:	City:	Zip:
Cell Phone:	Alternate Phone:	
Email Address:		AND THE PROPERTY OF THE PARTY O
	Section II. County / Location	
Provide the county in which your resi located:	idence, business or organization is	
Sec	ction III. Occupational Information	1
Industry Sector:		
Occupation / Title:		
Employer: LAKE COUNT	4 CHUMBER OF COM	MERCE

Emp	loyer Address: 875 LAKEPORT BLVD.
City:	LAKEPORT State: CA Zip: 95453
Emp	loyer Phone: 707.263.5092
	Section IV. Eligibility Certification
cate Non	cate below each membership category for which you are applying. You may mark more than one gory but must certify your qualifications for each category for which you are applying. A completed ination Form must accompany applications for Business Member, Labor Organization, Adult Education Literacy and/or Higher Education from an appropriate nominating organization.
X.	Business Member (Do you represent a "small business" as defined by the U.S. Small Business
	Administration? Y (LN) Name of Business: LAKE COUNTY CHUMBER OF COMMERCE (LCCC)
	Labor Organization Name of
	Organization:
	Joint Labor-Management Apprentice Program Name of
	Organization: Community-based Organization
	Name of
	Organization:
	Adult Education and Literacy
	Name of Provider: Higher Education
	Name of Institution:
	Economic and Community Development
	Name of Entity:
	State Employment Office
	Vocational Rehab
	Name of Program:
17-61	Describe however portion at the WDR
	Describe how your participation on the WDB would advance Workforce Development programs.
	The mission of the Lake County Chamber of Commerce is to enhance the economic vitality and prosperity of our communities. One of the best ways to fulfill that mission is to focus on people – our workforce. My current position as one of the voices of the Lake County business community, as well as my background as a human resource professional, would allow me to enhance the WDB's workforce development programs.

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.

JAJO C

02/15/2022

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



Application for Regional and/or Local Advisory Subcommittee Membership

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Please check the appropriate box	K:	
	ent Board (WDB) Membership LAKE county Membership formation hasn't changed please fill out on	ly Section I. and sign the form)
	Section I. Personal Information	
First Name: Jusan	Last Name: Parker	M.I.: R
Home Address:	City:	Zip:
Mailing Address:	City:	Zip
Cell Phone:	Alternate Phone:	
Email Address:		
	Section II. County / Location	
Provide the county in which your located:	residence, business or organization is	
	Section III. Occupational Information	
Industry Sector:		
Occupation / Title:		
Employer		

Emp	nployer Address:	
City	y: State:	Zip:
Emp	nployer Phone:	
	Section IV. Eligibility Certificati	ion
cate Non	dicate below each membership category for which you are applying. tegory but must certify your qualifications for each category for whi mination Form must accompany applications for Business Member, d Literacy and/or Higher Education from an appropriate nominating	ich you are applying. A completed , Labor Organization, Adult Education
	Business Member (Do you represent a "small business" as define Administration? ☐ Y ☐ N) Name of Business:	ed by the U.S. Small Business
_	Name of	
	Organization:	
	Name of	
	Organization:	
	Community-based Organization	
	Name of	
	Organization:	
	Adult Education and Literacy	
	Name of Provider:	
	Higher Education	
	Name of Institution:	
	Economic and Community Development	
	Name of Entity:	
	State Employment Office	
	Vocational Rehab	
	Name of Program:	
	Section V.	I Was de la language
	Describe how your participation on the WDB would advance W	orkforce Development programs.
	Cart Separate Aria	\$4.0 mg

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5n

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



Application for Regional and/or Local Advisory Subcommittee Membership

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Please check the appropriate bo	ox:	
☐ Regional Workforce Develop	ment Board (WDB) Membership	
[18] - [2] : [2] 이 : [2] 이 : [2] [2] [2] [2] [2] [2] [2] [2] [2] [2]	county Membership	
. [[[[[[[[[[[[[[[[[[[nformation hasn't changed please fill o	ut only Section I. and sign the form)
☐ Update Information		
	Section I. Personal Information	
First Name: Theresa	Last Name: Showen	M.I.: B
Home Address:	City:	Zip:
Mailing Address: same	City:	Zip:
Cell Phone:	Alternate Phone	
Email Address:		
	Section II. County / Location	
Provide the county in which you located:	r residence, business or organization is	LAKE
	Section III. Occupational Informat	ion
Industry Sector: Government,	Social Services, Employment Division	
Occupation / Title: Program I	Manager	
Employer: County of Lake		

Employer Address:			
City:	State:	CA	Zip:
Employer Phone: 707 263-			
Employer Phone. 707 200	Section IV	Eligib	ility Certification
Indicate helow each membership o		_	ou are applying. You may mark more than one
-		-	rategory for which you are applying. A completed
			siness Member, Labor Organization, Adult Education
and Literacy and/or Higher Educat			
	present a "sm	nall bus	siness" as defined by the U.S. Small Business
Administration? ☐ Y ☐ N)			
Name of Business:			
☐ Labor Organization Name of			
Organization:			
☐ Joint Labor-Management App	orentice Prog	ram	
Name of	J		
Organization:			
☐ Community-based Organizati	on		
Name of			
Organization:			
☐ Adult Education and Literacy			
Name of Provider: Higher Education			
☐ Higher Education Name of Institution:			
Economic and Community De	velopment		
Name of Entity:			
☐ State Employment Office			
☐ Vocational Rehab			
Name of Program:			
		Section	
Describe how your participa	tion on the W	/DB wo	ould advance Workforce Development programs.
clients through Welfare-to-Wo	rk programs a come work re	and is a	tes division serves Lake County CalWORKs a mandated WIOA partner agency. Our primary of they can gain employment that will support their client.

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document was signed, unable to edit original to include.

Signature

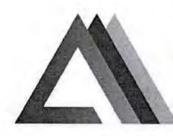
Date

Send completed applications to:

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

or email to: boardadmin@workforcealliancenorthbay.org

5.27.2021 21



WORKFORCEALLIANCE 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.

public disclosure.		
Please check the appropriate	box:	
☒ Advisory Subcommittee for	opment Board (WDB) Membership r_LAKE county Membership rr information hasn't changed please fill out o	only Section I. and sign the form)
	Section I. Personal Information	
First Name: Kevin	Last Name.Reynolds	M.I.:
Home Address:	City:	Zip
Mailing Address:	City:	Zip:
Cell Phone:	Alternate Phone:	
Email Address:		
	Section II. County / Location	
Provide the county in which yo located: Lake County	our residence, business or organization is	
	Section III. Occupational Information	
Industry Sector: Aerospace		
Occupation / Title: Director Of	Operations	
Employer: Reynolds Systems	, Inc.	

Employer Address: PO BOX 122	9	
City: Middletown	State: CA	Zip: 95461
Employer Phone: 707-928-5244		
	Section IV. Eligibility Cer	tification
category but must certify your qu	nalifications for each category ny applications for Business M	plying. You may mark more than one for which you are applying. A completed ember, Labor Organization, Adult Education inating organization.
Business Member (Do you r Administration?	epresent a "small business" as	defined by the U.S. Small Business
☐ Labor Organization Name of Organization:		
Joint Labor-Management A Name of Organization:	oprentice Program	
☐ Community-based Organize Name of Organization:	tion	
Adult Education and Literac Name of Provider:	У	
☐ Higher Education Name of Institution:		
☐ Economic and Community I Name of Entity:	Development	
☐ State Employment Office		
☐ Vocational Rehab Name of Program:		
	Section V.	
Describe how your particip	oation on the WDB would adva	nce Workforce Development programs.
Over the last six years, I have been Lake County. The company has no manufacturing. I have experienced the challenge required for our industry. We have encourage students into become once they have graduated. We have sonoma State to offer internship	en the Director of Operations/ nany different fields including as of running a growing compa- we created intern and scholars ng STEM majors. The goal is to ave also been building relation as and careers to students from to continue contributing to L	Owner for an aerospace company located in engineering, finance, quality and ny in a County that lacks the workforce hips programs with local high schools to keep local talent by offering them jobs aships with Sacramento State, UC Davis and

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.

Han Doph

2/25/2022

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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Regional Workforce Develor	ment Board (WDB) Membership	
	Marin county Membershi	n
시아, 10 15 이 보다 하는데 그렇게 그렇게 되었다. 스케팅 등 15 시간	information hasn't changed please fill out	
☐ Update Information		omy section in and digit the form,
	Section I. Personal Information	
First Name: Heather	Last Name: Bettini	M.I.: D
		7
	Section II. County / Location	
Provide the county in which you is located: Marin	ur residence, business or organization	
	Section III. Occupational Information	n
Industry Sector: Nonprofit		
Occupation / Title: Director, Eco	onomic Justice	

Employer Address: 555 Nort	hgate Drive, Suite 201	
City: San Rafael	State: CA	Zip: 94903
Employer Phone: 415-526-7	500	
	Section IV. Eligibility Ce	rtification
category but must certify yo Nomination Form must acco and Literacy and/or Higher E	ur qualifications for each category mpany applications for Business N ducation from an appropriate non	
□ Business Member (Do y Administration? □ Y □ Name of Business:		s defined by the U.S. Small Business
☐ Labor Organization Name of Organization:		
☐ Joint Labor-Manageme Name of Organization:	nt Apprentice Program	
Community-based Organization	anization ation: Community Action Marin	
Adult Education and Lit Name of Provider:	eracy	
☐ Higher Education Name of Institution:		
Economic and Commun		
State Employment Offi	ce	
☐ Vocational Rehab Name of Program:		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Section V.	
Describe how your pa	rticipation on the WDB would adv	ance Workforce Development programs.
operate multiple job training would bring experience supexperiencing homelessness training programs and laun food industries. I have devermental health, childcare, job programs and their careers agencies to streamline work would bring the perspective their voices are included in supporting the successful of	ng programs that align with in-dent oporting under-resourced population, is, immigrants, single parents, etc. of the careers in the commercial drivited eloped robust partnerships to ensure the readiness and other services the self have a vision to integrate intakents of the diverse job seekers who self the diverse job seekers who self	to complete workforce development ing, early care and education, and ure participants can access the ey need to succeed in training e and data collection systems across more accessible to our community. I seek fulfilling employment to ensure that affect them. I am committed to rin County through which job seekers

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Signature	Date	
Heather Bettini	4/22/2022	

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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Regional Workforce Developmen		
X xAdvisory Subcommittee for Mari		
 □ Renew Membership (if your infor □ Update Information 	mation hasn't changed please fill out o	nly Section I. and sign the form)
- Opuate information		
	Section I. Personal Information	
First Name: Katheryn	Last Name: Horton	M.I.: M
		Zip:
Mailing Address: Same	City:	Zip:
Cell Phone:	Alternate Phone:	
Email Address:	7	
	Section II. County / Location	
Provide the county in which your res located: Marin	sidence, business or organization is	
Se	ction III. Occupational Information	
Industry Sector: Education		
Occupation / Title: Director of Work	force Programs	
Employer: College of Marin		

category but me Nomination For and Literacy and Business M Administra Name of Organizati Joint Labor Organizati Communit Name of Organizati Adult Educ Name of Higher Educe Name of Organizati Adult Educe Name of Organizati Name of Organizati Adult Educe Name of Organizati Name of Organizati Adult Educe Name of Organizati Nam	each membership cust certify your qual m must accompany d/or Higher Educati Member (Do you rep ation? Y N N) of Business: anization f on: r-Management App f on: y-based Organization	ategory for wh lifications for e v applications f ion from an app present a "sma present a remander	ach category for or Business Mem oropriate nomina Il business" as de	ing. You may mark which you are app ber, Labor Organiz ting organization.	lying. A completed ation, Adult Education
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and Literacy and Business M Administra Name of Conganizati Joint Labor Name of Organizati Communit Name of Organizati Adult Educt Name of Name of Higher Educt	d/or Higher Education Member (Do you repation? Yell N) Member (Do you repation? Yell N) Member (Do you repation? Yell N) Member (Do you repation? Yell N Member (Do you repation? Yell N Member (Do you repation? Yell N Member (Do you repation) Member (Do you repatio	oresent a "sma present a "sma prentice Progra	oropriate nomina Il business" as de	ting organization.	
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☐ Vocational					
ivame oj	f Program:		Section V.		
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	how your participat workforce training				

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Katheryn Horton	4/25/22
Signature	Date

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Please check the appropriate box:					
☐ Regional Workforce Developmer	nt Board (WDB) Membership				
Advisory Subcommittee for Marin county Membership					
	rmation hasn't changed please fill out on	ly Section I. and sign the form)			
☐ Update Information					
	Section I. Personal Information				
First Name: Bill	Last Name: Mueller	M.I.:			
Home Address:	City:	Zip:			
Mailing Address:	City:	Zip:			
Cell Phone:	Alternate Phone:				
Email Address:					
	Section II. County / Location				
Provide the county in which your re	esidence, business or organization is				
located: Marin County					
S	ection III. Occupational Information				
Industry Sector: Life Sciences - Bio	otech & Pharmaceutical Manufacturing Co	ontrol System Engineering			
Occupation / Title: President					
Employer: Lucid Automation and S	Security				

5.27.2021 31

5.27.2021 32

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Will The	03FEB2022
Signature	Date

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WORKFORCEALLIANCE OF THE NORTH BAY

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	e appropriate box:			
☐ Regional Wor ☑ Advisory Subo	kforce Development B committee for MAk pership (if your informa	2N county	Membership	Section I. and sign the form
		ection I. Persona	al Information	
First Name:	gemi	Last Name:	Naish	M.I.;
			The second secon	
		Section II. Count	ty / Location	
Provide the coun located:	ty in which your reside			
	ty in which your reside	ence, business or ARIN		
located:	ity in which your reside	ence, business or ARIN	organization is onal Information	
	sty in which your reside A Secti A duit Ed	ence, business or ARIN fon III. Occupation Lucation -	organization is	

Employer Address: 375 Do	nerty	Dr	
city: Larkspur	State:	CA.	zip: 94939
Employer Phone: (415) 945	-378	30	
	Section I\	/. Eligibil	lity Certification
Indicate below each membership cat	eaory for	which voi	u are applying. You may mark more than one
			ategory for which you are applying. A completed
			iness Member, Labor Organization, Adult Education
and Literacy and/or Higher Education			
1	esent a "si	mall busir	ness" as defined by the U.S. Small Business
Administration? \square Y \square N)			
Name of Business:			
☐ Labor Organization			
Name of			
Organization: Joint Labor-Management Appre	ntice Pro	ram	
Name of	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	51 4111	
Organization:			
☐ Community-based Organization	· · ·		
Name of			
, Organization:			
✓ Adult Education and Literacy	Tana	1 Daio	Adeut School
Name of Provider:	1 arra	upus	Mach School
☐ Higher Education			
Name of Institution:	la musa net	· · · · · · · · · · · · · · · · · · ·	
☐ Economic and Community Deve Name of Entity:	nopment		
State Employment Office			
☐ Vocational Rehab			
Name of Program:			
		Section	n V.
			ıld advance Workforce Development programs.
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Mach

4-25-2022

Signature

Date

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Advisory S		ariv county	nbership Membership ged please fill out only Section	on I. and sign the form)
Section I. Personal Information				
First Name:	Niles	Last Name:	Smith	M.I.: V
Email Maures	J: 1			
Linuii Addres		Section II. Coun	ty / Location	
Provide the clocated:	ounty in which your re			
			organization is	
	Š	sidence, business or ection III. Occupati	organization is	
located:	Š	sidence, business or ection III. Occupati	organization is	Associate Par

5.27.2021

117/ 11/1/51-+			
Employer Address: 425 Market Street			
city: San Francisco State: CA Zip: 94105			
Employer Phone: 415-545-2000 800 426 9 4968			
Section IV. Eligibility Certification			
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.			
Business Member (Do you represent a "small business" as defined by the U.S. Small Business Administration? Y N Name of Business:			
☐ Labor Organization			
Name of			
Organization:			
☐ Joint Labor-Management Apprentice Program Name of			
Organization:			
☐ Community-based Organization			
Name of			
Organization:			
☐ Adult Education and Literacy			
Name of Provider:			
☐ Higher Education Name of Institution:			
☐ Economic and Community Development			
Name of Entity:			
☐ State Employment Office			
☐ Vocational Rehab			
Name of Program:			
Section V.			
Describe how your participation on the WDB would advance Workforce Development programs.			
I am committed to furthering worldwice			
Levelopment, upward mobility, and advancing equity. As a long-time professional in technology, equity. As a long-time professional in technology, and returned in the sector and network I believe my experience in the sector and network can help further ideas and open doors. And can help further ideas and open doors. And given my passion for WFD and namebase of given my passion for WFD and namebase of Siven my passion for WFD and namebase of Marin San Rafael, I'm excited to support the important San Rafael, I'm excited to support the important work of the Advancy Subcommittee of Marin work of the Advancy			
equity. It's a sometime in the sector and networks			
I believe my expected and open doors. The			
can help mosen for WFD and the important			
San Rafael, I'm excited to softher of Marin			
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County.			

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Miles Smith

5/1/2022

Signature

Date

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Please check the appropriate	box:	
	ppment 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)		
	Section I. Personal Information	
First Name: Laura	Last Name: Liberty	M.I.: E.
	Phone:	
Email Address:		
	Section II. County / Location	
Provide the county in which y	our residence, business or organization is	
located: Mendocino Count	У	
	Section III. Occupational Information	n
Industry Sector: Manufactur	ing	
Occupation / Title: Human F	Resources and Communications Mana	ager
Employer: Factory Pipe, LL	.C	

5.27.2021 48

City	: Ukiah	State: CA	Zip: 95482
Emr	oloyer Phone: 707-463-	1322	
	707-403-	Section IV. Eligibility Cert	tification
Indi	cata halow aach mamhar		plying. You may mark more than one
cate Non	egory but must certify you mination Form must accon	qualifications for each category j	for which you are applying. A completed ember, Labor Organization, Adult Education
Ø	Business Member (Do yo Administration? ☑ Y ☐	ou represent a "small business" as N)	defined by the U.S. Small Business
	Name of Business: Fa	ctory Pipe, LLC	
	Name of		
	Organization:		
	Joint Labor-Managemen	t Apprentice Program	
	Name of		
	Organization:		
	Community-based Organ	nization	
	Name of		
	Organization:	+	
	Adult Education and Lite	racy	
	Name of Provider:	16	
	Higher Education		
_	Name of Institution:		
	Economic and Communi	ty Development	
	Name of Entity:		
<u> </u>	State Employment Office		
	Vocational Rehab		
	Name of Program:	Section V.	
	Describe how your part		nce Workforce Development programs.
Λ -			
			he WDB would advance Workforace
Dev	elopment programs by	providing a perspective on	what HR Managers need in order to
suc	cessfully implement th	ese programs. I also believe	that my unique experience as a
			ne type of skills necessary for
	g wage jobs in the No		
· v III I	g wage jobs in the re	ili bay.	

5.27.2021 49

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 Laura Liberty

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@workforcealliancenorthbay.org

5.27.2021



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 bo	x:	
☐ Regional Workforce Developm ☐ Regional Workforce Developm ☐ Renew Membership (if your in	nent Board (WDB) Membership Mendocino county Membership nformation hasn't changed please fill out or	nly Section L and sign the form)
☐ Update Information	normation hash t changes presse in out of	ny section il una signi the formy
	Section I. Personal Information	
First Name: Dorianne	Last Name: Tanaka	M.I.: D.
Home Address:	City:	Zip:
Mailing Address:	City:	Zip:
Cell Phone:	Alternate Phone:	
Email Address:		
	Section II. County / Location	
Provide the county in which your located:	residence, business or organization is	
	Section III. Occupational Information	
Industry Sector: Disability Ser	vices/Employment	
Occupation / Title: Executive D	Director	
Employer: Ukiah Valley Associ	ation for Habilitation	

	oloyer Address:		85100
City	: Ukiah	State: CA	Zip: 95482
Emp	oloyer Phone:	707-468-8824	
		Section IV. Eligibility Cer	tification
cate Non	gory but must nination Form i	h membership category for which you are a certify your qualifications for each category must accompany applications for Business N or Higher Education from an appropriate non	for which you are applying. A completed Tember, Labor Organization, Adult Education
		nber (Do you represent a "small business" a on? □ Y □ N) usiness:	s defined by the U.S. Small Business
	Labor Organia Name of Organization		
		lanagement Apprentice Program	
[3]		pased Organization	
	Adult Educati Name of P	on and Literacy rovider:	
	Higher Educa Name of In		
	Economic and Name of E	d Community Development ntity:	
	State Employ		
	Vocational Re Name of Pi		
		Section V.	
	Describe ho	w your participation on the WDB would adva	ance Workforce Development programs.
	he membersh retired.	ip renewal of my predecessor at UVAH, Pa	am Jensen, was approved, but she has since
	would like to	take her place, as UVAH continues to wor	k to build partnerships with businesses
		nity, providing workforce training, meeting	
		opportunities for the workforce.	And the second of the second of the second s
		Man to to the transfer of the transfer of the	

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Perie Tulia

12.29-21

Signature

Date

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Please check	the appropriate	box:		
		pment Board (WDB) Memb		
		Lake&Mendocino county N		
☐ Renew Membership (if your information hasn't out only Section I. and sign the form ☐ Update Information			only Section I. and sign the form)	
		Section I. Personal	Information	
First Name:	Jolee	Last Name: W	hite	M.I.:
	same			
		Section II. County	/ Location	
Provide the olocated: Adv	county in which yo ventist Health has fa	our residence, business or o cilities in CA, OR, WA, HI. Loca	rganization is Il facilities include	Napa, Lake, Mendocino counties
		Section III. Occupatio	nal Information	n
Industry Sec	tor: Health Care			
Occupation /	/ Title: Talent Acqu	isition Manager		
Employer:	Adventist Health			

oloyer Address: ^{230-B} Hospi	tal Drive	
: Ukiah	State: CA	Zip: 95463
oloyer Phone: 707-963-658	3	
	Section IV. Eligibility Ce	rtification
egory but must certify your on mination Form must accomp	qualifications for each category any applications for Business N	for which you are applying. A completed Nember, Labor Organization, Adult Education
		s defined by the U.S. Small Business
Labor Organization Name of Organization:		
	Apprentice Program	
Community-based Organi Name of	zation	
	псу	
Higher Education Name of Institution:		
Economic and Community Name of Entity:	Development	
State Employment Office		
A D D D D D D D D D D D D D D D D D D D		
Traine of tragram	Section V.	
Describe how your partic	ipation on the WDB would adv	ance Workforce Development programs.
		pitals and more than 30 patient service facilities in
		laborate to provide local and system strategy
entist Health, the WANB, Care ortunities, and equally importa	er Point centers and potentially Bri int, opportunities for local resident	ight Futures programs. We brings job
	cate below each membership gory but must certify your of mination Form must accomp Literacy and/or Higher Educations Member (Do you Administration? YN Name of Business: Labor Organization Name of Organization: Joint Labor-Management Name of Organization: Community-based Organization: Adult Education and Literation Name of Provider: Higher Education Name of Institution: Economic and Community Name of Entity: State Employment Office Vocational Rehab Name of Program: Describe how your particulation in the Talent Acquisition Manager in	Section IV. Eligibility Ce cate below each membership category for which you are a groyr but must certify your qualifications for each category mination Form must accompany applications for Business IN Literacy and/or Higher Education from an appropriate nor Business Member (Do you represent a "small business" a Administration? Y N N) Name of Business: Labor Organization Name of Organization: Joint Labor-Management Apprentice Program Name of Organization: Community-based Organization Name of Organization: Adult Education and Literacy Name of Provider: Higher Education Name of Institution: Economic and Community Development Name of Entity: State Employment Office Vocational Rehab Name of Program:

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BOARD LETTER II.E



TO: REGIONAL BOARD

FROM: STAFF

SUBJECT: BOARD LETTER II.E - LAKE AND MENDOCINO COUNTIES TRANSFER OF FUNDS

DATE: JUNE 9, 2022

CC: FILE

Arbor E&T, LLC dba Equus Workforce Solutions has requested a transfer funds from Dislocated Worker formula to Adult formula in Lake County and Mendocino County in the following amounts:

- 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.
- 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

Staff has reviewed the budgets in Lake and Mendocino counties and have determined they are on track to underspend their Dislocated Worker training funds and overspend their Adult training funds. Approving this transfer would allow Equus Workforce Solutions to better utilize their awarded allocation in each county.

Staff Recommendation: Approve the transfer of \$52,232 from Dislocated Worker to Adult funding in Lake County and \$76,534 from Dislocated Worker to Adult funding in Mendocino County for a total transfer of \$128,766 from Dislocated Worker to Adult funding.

BOARD LETTER III.A



TO: REGIONAL BOARD

FROM: EXECUTIVE DIRECTOR

SUBJECT: BOARD LETTER III.A- NORTH BAY EMPLOYMENT CONNECTION (NBEC) STUDY REPORT

DATE: JUNE 9, 2022

CC: FILE

BACKGROUND:

The North Bay Employment Connection (NBEC), the Workforce Development Boards for Sonoma, Solano, Lake, Marin, Mendocino and Napa Counties, commissioned a study from Economic Forensics and Analytics, Inc. (EFA) of the six counties and their pre-pandemic trends and potential forecasts for regional employers' demand for workers, occupational demand for specific types of jobs, and the skills most needed as a result of demand in those occupations.

This study provides data, forecasts, and analyses for workforce development in the North Bay, California. the local changes due to the pandemic is essential for planning the future in the NBEC region. This study also considered what communities are more vulnerable to slower changes in economic opportunity than others and how communities of color (BIPOC) were affected by the pandemic and in what ways workforce development opportunities exist to help these communities. Specific middle-skill opportunities are provided, as well as STEM and soft skills needed for workforce development to proceed in parallel with economic development and to keep up with the changes forecasted through 2025.

STAFF RECOMMENDATION

Listen to this report by Rob Eyler and Jon Haveman from EFA and use it to make informed decisions about workforce issues moving forward.

BOARD LETTER III.B



TO: REGIONAL BOARD

FROM: EXECUTIVE DIRECTOR

SUBJECT: BOARD LETTER III.B - CAREERPOINT NORTH BAY MEMORANDUM OF UNDERSTANDING

DATE: JUNE 9, 2022

CC: FILE

BACKGROUND:

In order to establish a high quality American Job Center of California (AJCC) delivery systems and enhance collaboration among partner programs, WIOA requires Local Boards to develop MOUs with all AJCC required partners within their Local Workforce Development Area (Local Area). These MOUs serve as a functional tool as well as visionary plan for how the Local Board and AJCC partners will work together to create a unified service delivery system that best meets the needs of their shared customers. For the initial negotiation process of these MOUs, the State separated the development process in two distinct phases and three separate Directives. Phase I Directive addressed service coordination and collaboration among all AJCC partners. The Phase II Directive addressed how to sustain the unified system through the use of resource sharing and joint cost funding. These Directives laid the groundwork for Local Areas to execute a MOU(s) in order to meet DOL requirements and included key elements of an MOU as outlined in TEGL 16-16. All MOUs were required to contain assurances that the MOU would be reviewed and updated every three years with an annual review of and, if necessary, amendments to the Infrastructure Funding Agreements (IFA) and Other System Costs Budget. This Directive consolidates the tree previous MOU Directives and provided guidance for Local Areas in reviewing and updating their AJCC MOUs and IFAs.

The WANB as the local board for Marin, Napa, Lake and Mendocino has completed a network AJCC MOU that will reflect a coalition of willing partners that contribute to the AJCC. Collection of the required signatures from AJCC partners is underway. Today's action would approve the draft MOU and empower the Executive Director to make necessary changes to ensure adherence to State Directives and Federal guidance. It would also empower the Regional Chair to sign the final MOU on behalf of the Board.

The 2022 Draft CareerPoint Network MOU can be found here: https://www.workforcealliancenorthbay.org/policies-notices/ *Scroll to Memoranda of Understanding (MOU) / Draft 2022 CareerPoint MOU

STAFF RECOMMENDATION

Approve network MOU, empower Executive Director to make necessary amendments and empower the Regional Workforce Development Board Chair to sign.

BOARD LETTER III.C



TO: REGIONAL WORKFORCE DEVELOPMENT BOARD

FROM: STAFF

SUBJECT: BOARD LETTER III.C - ONE-STOP OPERATIONS

DATE: JUNE 9, 2022

CC: FILE

Among the several responsibilities of the Workforce Alliance Regional Workforce Development Board, is its responsibility to assist the Governing Board "conduct program oversight of local youth, and adult training activities and the one-stop delivery system."

At today's meeting, the Regional Board will hear a presentation from Management representatives of WIOA Career Services Contractor – Equus Workforce Solutions. Equus is wrapping up the first year of operations in each of the four counties and will provide an overview of their efforts, successes, and challenges in Year One of the contract. Board members will have an opportunity to ask questions and suggest recommendations for Year Two of the contract year.

STAFF RECOMMENDATION

Accept presentation from WIOA Career Services Provider - Equus Workforce Solutions.

BOARD LETTER III.D



TO: REGIONAL BOARD

FROM: EXECUTIVE DIRECTOR

SUBJECT: BOARD LETTER III.D- ECOLOGICAL WORKFORCE INITIATIVE, ECOLOGY CORPS

DATE: JUNE 9, 2022

CC: FILE

BACKGROUND:

WANB has discovered that there is a need for highly trained trade workers who understand the ecological needs on environmental restoration job sites, including working within permitting constraints and basic identification of protected plants and animals. With Workforce Accelerator resources the Workforce Alliance of the North Bay partnered with Conservation Corps North Bay, and construction and open space management industry partners to pilot an Ecological Workforce training program with eight north bay participants in the summer of 2021. The partnership is called the Ecological Workforce Initiative. The Ecological Workforce will help empower our future workforce with job readiness skills. The job outlook is encouraging. The field is growing, the specialized knowledge and skills are in demand, and the jobs tend to pay sustainable wages.

The Ecological Workforce Initiative will be offering two Ecology Corps program cohorts this summer, starting with a Napa/Marin cohort in July, and a Lake/Mendocino cohort in August. This 8-week earn-and-learn training model is based on a partnership with an Employer of Record and various Worksite Sponsors. The Employer of Record hires the crewmembers, trains and supervises them, and provides tools, equipment and transportation to/from the worksites. The Worksite Sponsors are entities with ecological restoration projects and a need for our crews. Collectively they pay for half of the training costs while WIOA pays for the other half.

At this time, we are recruiting for ecological workforce participants and staff would like to hear from board members regarding potential recruitment opportunities.

STAFF RECOMMENDATION

Accept presentation by WANB staff and help promote the program within your networks.