

TOMPKINS COUNTY WORKFORCE DEVELOPMENT BOARD

September 22, 2020

8:30 A.M.

Zoom Platform

PRESENT: S. Pronti, A. Bishop, D. Burrows, J. Cometti, B. Forrest, K. Franzese, A. Iles, K. Kephart, P. Levesque, C. Malcolm, J. Matteson, H. McDaniel, J. Sammons, K. Shanks-Booth, T. Tarshus, J. Tavares

EXCUSED: A. Mohamed, L. Dillon, K. Kephart, K. Kersey, J. Lance, O. Montague, D. Pruitt

EX-OFFICIO: A. Hendrix, J. Mouillesseaux

GUESTS: C. Whitmore, Tompkins Cortland Community College; D. Goodness, Workforce Development Institute; C. Harris, New York Department of Labor; D. Mohlenhoff, Tompkins Cortland Community College

STAFF: N. Branosky, D. Achilles, S. Alvord

CALL TO ORDER

Chairman Pronti called the meeting to order at 8:32 a.m.

WELCOME

Chairman Pronti welcomed two new Board members: T. Tarshus, Hilton Inn of Ithaca and C. Malcolm, Wegmans.

Board members gave a short 60-second summary to the question:
“Tell us about your workforce. What are you doing collectively to boost morale and to stay positive during this time?”

BOARD ACTION ITEMS

APPROVAL OF MINUTES – June 23, 2020

It was moved by Ms. Iles seconded by Mr. Bishop and unanimously adopted by voice vote of members present to approve the minutes of June 23, 2020 as written.

APPROVAL OF WDB FINAL FISCAL BUDGET FOR PROGRAM YEAR 20-21

It was moved by Ms. Tavares seconded by Ms. McDaniel and unanimously adopted by voice vote of members present to approve the Workforce Development Board final budget for program year 20-21.

APPROVAL OF OET FINAL WIOA BUDGET FOR PROGRAM YEAR 20-21

It was moved by Mr. Matteson seconded by Mr. Bishop and unanimously adopted by voice vote of members present to approve the Office of Employment and Training final WIOA budget for program year 20-21.

APPROVAL OF WFNY OET JOB LINK YOUTH PROGRAM APPLICATION

It was moved by Mr. Bishop seconded by Ms. Iles and unanimously adopted by voice vote of members present to approve the WFNY OET Job Link Youth Program Application.

WDB DIRECTOR UPDATE

Ms. Branosky reported that the board is working on County budgets with a 12% cut and will be doing a presentation to the Legislature Wednesday, October 14th. The board office will have two interns from ILR School at Cornell, Yana Kalmyka will be working on Green Economy Statistics and Alec Spencer will work on Ethnicity, Inclusion, and diversity.

INDUSTRY BRIEFING

Industry briefing for the Board meeting was on Higher Education presented by Mr. Bishop, Cornell University; Mr. Matteson, Tompkins Seneca Tioga BOCES; Ms. Franzese, Ithaca College. Mr. Bishop reported that Cornell is busy planning for different scenarios for the future with the pandemic. Mr. Matteson reported that the students are back on campus and two-third office staff are working in person and only one-third are working remotely. Ms. Franzese reported that the 5-year plan that was in place now needs to shift gears. Students and staff are working remotely for the fall semester and the goal is to be back on campus for the spring semester.

COMMITTEE REPORTS

EXECUTIVE COMMITTEE

Mr. Pronti reported the Committee is focusing on the same discussions the full Workforce Board is having: budget reviewing, reviewing unemployment claim statistics.

ONE STOP OPERATIONS COMMITTEE

Mr. Bishop reported the Committee canceled September 8th meeting due to low census. Ms. Mouillesseaux reported that the Career Center has had a successful Summer Youth Employment recruitment for 2020 with 91 youths placed and 5 youth placed with Job Link. The Career Center staff has been very flexible and adapted to changes in their job descriptions to cover all aspects of what was needed to be done at the Career Center. Ms. Mouillesseaux is working on hiring a Workforce Development Coordinator and Transition Workforce Specialist. The Career Center is looking at different ways to services all customers in one way or another.

YOUTH OVERSIGHT COMMITTEE

Ms. Shanks-Booth reported the Committee is meeting regularly and keeping in touch with the Career Center in ways to communicate with customers and getting access to all forms online to make it easier for customers.

GOVERNANCE AND MEMBERSHIP COMMITTEE

Mr. Burrows reported the Committee met in August and now have filled all Board seats except for two: NYSDOL and Labor Organization/Apprenticeship. Ms. Branosky will be reviewing and modifying the orientation packet for new board members and will follow up with an orientation for all new members.

ADJOURNMENT

The meeting adjourned at 10:00 a.m.

Tompkins County Workforce Development Board 2020-2021 Budget DRAFT

	2019-2020 Budget	2019-2020 Projected Year End	2020-2021 Draft Budget
Expenditures			
Staff Wage	154000	145,000	230927
Fringe	73775	69,400	112739
Rent/Taxes	13650	14,915	19632
Professional Services	3500	1,609	107
Office Supplies	600	1,243	550
Office Furniture	0	0	0
Heat/Electric	800	563	1200
Software/Hardware	3500	796	770
Computer Equipment	1750	4,121	1624
Postage	50	0	35
Travel Training	6500	4,062	2000
Local Travel	250	177	100
Phone	1600	1,500	1700
Membership Dues	4750	3,000	4000
Sub Contracts	1648429	1,225,000	1342383
IT Services	600	0	824
Special Events	2000	0	0
Advertising	400	190	326
Meeting Expenses (Food, Supplies and Meeting Space)	1000	444	0
Program Expenses	7000	5,846	5715
Printing	200	108	200
Total	1,924,354	1,477,974	1,724,832
Revenue			
WIOA Admin	74,233	62,974	79,633
WIOA Adult	239,558	137,608	209,700
WIOA Dislocated Worker	101,985	61,000	88,080
WIOA Youth	399,674	369,158	401,000
Disability Employment Initiative	50,064	59,141	50,064
TET-NDWG	98,000	75,000	30,000
DEI Round 8	395,000	178,225	262,571
SYEP	414,184	410,600	411,775
County	128,181	103,075	161,000
Tourism	3,475	7,630	4,825
Misc	0	0	0
Ticket to Work	20,000	12,691	26,184
Total	1,924,354	1,477,102	1,724,832

Office Of Employment and Training 2020-2021 Draft Budget

	2019-2020	Projected	2020-2021
	Budget	2019-2020	Draft Budget
		Year-End	
Expenditures			
Staff Wage	262,185	235,500	284,758
Fringe	117,568	112,751	138,907
Rent/Taxes	11,000	13,092	12,990
Copier Contract	600	1,105	672
Phone Maintenance	825	78	1,120
Office Supplies	375	260	244
Postage	300	130	229
Travel Training	3,900	600	3,798
Local Travel	2,100	1,520	950
Phone & Internet	5,400	4,800	5,543
Membership Dues	225	0	137
Books, Subscription & Periodicals	150	150	163
Computer Software/Hardware	1,500	55	482
IT Services	1,250	1,250	2,243
Printing	550	220	586
Supportive Services	22,000	10,970	26,000
Youth Incentives	5,000	0	0
E-Learning	0	0	0
Tuition/OJT	116,760	67,900	59,458
OJT	25,000	0	0
Testing	0	0	0
Participant Wages	108,050	106,200	105,000
Participant Fringe	10,805	11,149	10,500
Total Expenditures	695,543	567,730	653,780

WFNY OET JobLink Youth Program Application PY2020



A proud partner of the AmericanJobCenter® network

Thank you for your interest in the JobLink program! Please complete this application **to the best of your ability** and call the number below to schedule an interview. You can also mail the application to the address below and we will call you to schedule an interview. Please make sure you provide a phone number that is able to take messages.

If you need assistance completing this application, our staff would be glad to do so with you by phone or virtually. Please call 607-272-7570 and leave a message requesting assistance filling out the JobLink application. Leave your name and phone number and a staff member will call you back.

You may be asked to provide some or all of the documents listed below at the interview – staff will assist you in determining what documents you will need.

- _____ Birth Certificate
- _____ Social Security Card
- _____ Proof of address (such as driver’s license or envelope with your name and address)
- _____ Photo ID (such as driver’s license, passport, or school ID)
- _____ Original Work Permit if under 18 (**no copies please, must be original**)
- _____ Income Verification

Tompkins County Workforce New York
171 East State Street/MLK Jr. Street
Center Ithaca, Suite 241
Ithaca, NY
14850
(607) 272-7570





WFNY OET JobLink Youth Program Application

NY# _____ (Office Use Only)

Required items are indicated with asterisk * and **bold** type - Please print clearly Date: _____

* **1. Legal Name (First/Last)** _____ 2. M.I. _____

3. Chosen/Preferred Name _____

* **4. Social Security #** _____ - _____ - _____

* **5. Street Address** _____

* **6. City** _____ ***7. State** _____ ***8. Zip Code** _____

***9. County** _____ ***10. Country** _____

***11. Date of Birth** ____/____/____
disclose M M D D Y Y Y Y

***12. Gender:** Male Female Other Prefer not to
Pronoun: he she they ze Other: _____

***13. Phone** _____
(____) _____ - _____

14. Text Message Phone _____
(____) _____ - _____

***15. E-Mail Address** _____

***16. Are you a US Citizen?** Yes No **If not, are you authorized to work in the United States?** Yes No

* **17. If under age 18, do you have working papers?** Yes No

18. Race (may select more than one): Alaskan/American Indian Asian Hawaiian/Pacific Islander
 White Black, or African American Other

19. Ethnicity: Hispanic or Latino Not Hispanic or Latino

Note: Question 18 and 19 above are **voluntary**. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements. You will not be penalized for refusal to answer.

***20. Education**

If **in High School**, list current grade _____

If **Out of High School** list Highest Grade completed: _____ and "Last Day Attended" School: _____

Where do you/did you attend school? _____

Did you receive: HS Diploma HSE/GED Certificate/IEP Diploma CDOS Credential
 Associate's Degree Bachelor's Degree Vocational Degree Some College/Vocational Training

***21. Are you currently attending any postsecondary school or training?** Yes No

If yes, where _____

***22. Are you currently employed:** Yes No

***23. How many weeks were you out of work in the last 26 weeks** _____

***24. Are you or any member of your household receiving any public assistance?** Yes No

(such as Family Assistance/Safety Net, Medicaid, SNAP, HEAP, and SSI)

If you answered yes to question 24 please indicate what public assistance you are receiving: _____

***25. Are you currently or have you previously been in Foster Care?** Yes No

***26. Are you a person with a disability?**

Yes No Not disclosing

Disabilities may include: Attention Deficit/Hyperactivity Disorders, Blindness/Low Vision, Traumatic Brain Injury, Deaf/Hard of Hearing, Learning Disabilities, Medical Disabilities, Physical Disabilities, Mental Health Disabilities, Speech & Language Disabilities, Developmental Disabilities, Intellectual Disabilities, Autism Spectrum Disorders, or Other.

***28. Do you/did you have an IEP/504 plan while you were attending school?**

Yes No Not disclosing

***29. Are you a Migrant/Seasonal Worker?** Yes No

***30. Is English your primary language?** Yes No If no, what is your primary language _____

***31. Have you ever been convicted of a crime or had experience in the justice system?** Yes No

***32. Are you an individual that is pregnant or parenting?** Yes No

***33. Are you currently or have you previously received treatment or counseling for alcohol or substance abuse?**

Yes No

***34. Do you currently have a fixed, regular, and adequate nighttime residence?**

Yes No

***35. Check all the agencies/programs you are currently working with or in pending status with:**

ACCES-VR Probation/Pins HSE Classes Job Corps NYS Commission for the Blind HUD/Housing Authority

FLACRA/Substance Abuse Treatment Mental Health/Counseling Cash Assistance and/or SNAP Military Job Coach

Other(s): _____

***36. Are you a veteran?** Yes No

Dates of Active Service / / through / /

 / /

 / /

***37. Type of job desired** (Job title) _____

38. Which kinds of jobs are acceptable? Work Week: A. Any Full-time Part-time

Duration: B. Regular Regular or Temporary Temporary

39. Salary Required \$ _____ per Hour Day Week Month Year Unspecified Other

40. Date you are available for work _____ / _____ / _____

*41. Which shifts are you willing to work? Any First Second Third Split Rotating

*42. How many miles are you willing to travel for work? ZIP CODE: _____
 5 10 25 50 100 200

*43. How do you prefer to be contacted? (Check as many as apply)
 Mail Phone Message Phone E-Mail Text

If we make contact with you at the phone number or mailing address you have provided above, should we refer to you by:
 your "chosen/preferred name" OR your "legal" name?

44. Work History

Complete all required items for each employer or attach current resume. Please enter the **most recent** employment first.

A. *Job Title _____ *Employer _____
*Address _____
*Wage _____ per _____ Hours per week _____
*City _____ *State _____ *Country, if not US _____
*Start Date ___/___/___ *End Date ___/___/___ Supervisor _____ Phone # () _____ - _____
*Reason for Leaving _____
*Job Duties: _____

B. *Job Title _____ *Employer _____
*Address _____
*Wage _____ per _____ Hours per week _____
*City _____ *State _____ *Country, if not US _____
*Start Date ___/___/___ *End Date ___/___/___ Supervisor _____ Phone # () _____ - _____
*Reason for Leaving _____
*Job Duties: _____

C. *Job Title _____ *Employer _____
*Address _____
*Wage _____ per _____ Hours per week _____
*City _____ *State _____ *Country, if not US _____
*Start Date ___/___/___ *End Date ___/___/___ Supervisor _____ Phone # () _____ - _____
*Reason for Leaving _____
*Job Duties: _____

***44. Do you have a driver's license?** Yes No If no, do you have a learner's permit? Yes No

Issuing State _____ What type of license do you have? Class A (Tractor Trailer) Class B (Truck/Bus)
 Class C (Light Truck Com'l.) Class Cn (C-non-CDL)
 Class D (Operators) Class E (Taxi)
 Class M (Motorcycle)

***45. Do you own or have access to a vehicle?** Yes No

***46. Do you need public transportation to get to a job?** Yes No

***47. Do you have an occupational license or certification (ex: ServSafe, Forklift, CNA)?** Yes No
If you answered No, go directly to question 48.

***Certification/License:** _____ Issue Date: ___ / ___ / ___

***Issuing Organization or Locality:** _____ ***State** _____ ***Country** _____

Additional License/Certification: _____ Issue Date: ___ / ___ / ___

Issuing Organization or Locality: _____ State _____ Country _____

***48. Do you have a degree, diploma or educational certificate?** Yes No *If you answered No, go directly to item 49.*

***Course of Study** _____ ***Degree** _____ Date Completed (month/year) ___ / ___

***Issuing Institution** _____ ***State** _____ ***Country** _____

Additional degree, diploma or educational certificate:

Course of Study _____ Degree _____ Completed (month/year) ___ / ___

Issuing Institution _____ State _____ Country _____

***49. Job Skills: List at least one.**

Include skills and abilities that you used in your job(s) or that you acquired through school or training. For example, auto mechanic, carpentry, welding, typing, computer hardware/software, etc. Indicate any foreign languages in which you are fluent

_____	_____	_____
_____	_____	_____
_____	_____	_____

***50. List any honors you have received or outside activities you participate in:**

***51. Males 18+ Only:** I have registered for Selective Service. Yes No I Don't Know
Unsure of your Selective Service status? Staff will assist you in navigating this process.

Emergency Contacts

Youth Name _____ Age _____

Address _____ Phone # _____

Today's Date _____

Contact Name _____

Phone #s Home _____ Cell _____ Work _____

Address _____

Circle One: Parent Friend Relative Other

Contact Name _____

Phone #s Home _____ Cell _____ Work _____

Address _____

Circle One: Parent Friend Relative Other

Contact Name _____

Phone #s Home _____ Cell _____ Work _____

Address _____

Circle One: Parent Friend Relative Other

Applicant Release of Information, Notification and Signature:

I/We authorize JobLink to interview, photograph and/or audio tape and to use these interviews, photographs and/or audio-video records, as well as names, in any of its promotional materials or media productions. I/We also understand that I (or my child) will not receive any compensation for any interviews, photographs and/or audio-video records used.

YES NO

By signing this, I and/or my parent or guardian, as applicable, are attesting under penalty of perjury that all statements in this application (and documentation supporting the application) are true to the best of my (our) knowledge and that I (we) are willing to cooperate with any efforts to verify the information provided. I/We understand that intentionally providing false information in the application for participation is grounds for rejection of application. I agree to participate in this program and I understand the above statements. If you disagree with any decisions we make regarding your eligibility to WIOA program services, you may have your certification reviewed by a person at a level above the person who made the first decision based on Equal Opportunity Law and the Grievance Procedure. I have received a copy of the Equal Opportunity Law and the Grievance Procedure.

YES NO

I authorize **release of information** in this application for verification purposes and/or for determining eligibility, and/or ensuring appropriate placement in employment and education/training. Organizations we may contact for this information are those you have worked with in the past and/or currently including but not limited to: local school districts / BOCES programs / colleges/universities, Tompkins County Probation Department, Tompkins County Department of Social Services, ACCES-VR, and/or Challenge Workforce Solutions.

YES NO

Print First Name: _____ **Print Last Name:** _____

Applicant Signature: _____ **Date:** _____

Parent/Guardian Signature (if youth is under 18) _____ **Date:** _____

Tompkins County Workforce Development Board
Budget Statement
30-Jun-20

100% of yr.

	Budget	Jun-20	YTD	Balance	YTD % of Budget
Expenditures					
Staff Wage	154,000	14,035.39	164,742.62	(10,742.62)	107%
Fringe	73,775	6,717.34	77,997.77	(4,222.77)	106%
Rent/Taxes	13,650	2,507.94	14,916.27	(1,266.27)	109%
Professional Services	3,500	0.00	1,608.44	1,891.56	46%
Office Supplies	600	793.65	1,136.38	(536.38)	189%
Office Furniture	0	0.00	0.00	0.00	0%
Heat/Electric	800	0.00	452.67	347.33	57%
Software/Hardware	3,500	0.00	795.88	2,704.12	23%
Computer Equipment	1,750	0.00	4,120.97	(2,370.97)	235%
Postage	50	7.20	7.20	42.80	14%
Travel Training	6,500	(373.50)	3,987.72	2,512.28	61%
Local Travel	250	0.00	176.85	73.15	71%
Phone	1,600	101.30	1,341.55	258.45	84%
Membership Dues	4,750	0.00	3,000.00	1,750.00	63%
Sub Contracts	1,648,429	49,340.44	1,220,292.61	428,136.39	74%
IT Services	600	0.00	0.00	600.00	0%
Special Events	2,000	0.00	0.00	2,000.00	0%
Advertising	400	0.00	189.20	210.80	47%
Program Expenses	7,000	0.00	5,845.95	0.00	84%
Printing	200	0.00	107.62	92.38	54%
Meeting Expenses (Food, Supplies & Meeting Space)	1,000	0.00	443.62	556.38	44%
Total Expenditures	1,924,354	73,129.76	1,501,163.32	422,036.63	78%

	Budget	Jun-20	YTD	Balance	YTD % of Budget
Revenue					
WIOA Admin	74,233	12,096.76	62,919.20	11,313.80	85%
WIOA Adult	239,558	17,112.85	135,239.84	104,318.16	56%
WIOA Dislocated Worker	101,985	12,177.74	61,649.45	40,335.55	60%
WIOA Youth	399,674	36,337.50	369,005.58	30,668.42	92%
Disability Employment Initiative (RFMH)	50,064	11,070.64	67,266.84	(17,202.84)	134%
DEI Grant Round 8	395,000	25,066.56	169,972.42	225,027.58	43%
SYEP	414,184	0.00	410,571.00	3,613.00	99%
County	128,181	93,451.78	133,770.29	(5,589.29)	104%
Tourism	3,475	0.00	7,630.00	0.00	220%
TET-NDWG	98,000	10,498.51	72,258.88	25,741.12	74%
Misc	0	0.00	0.00	0.00	0%
Ticket to Work	20,000	1,713.60	12,690.15	7,309.85	63%
Total Revenue	1,924,354	219,525.94	1,502,973.65	425,535.35	78%

*All Expenditures and Revenue are recorded on a cash basis and as such records may show a shortfall or surplus.
This is not an operating expense concern.

**Tompkins County Office of Employment and Training
Budget Statement
30-Jun-20**

	Budget	YTD	Balance	*YTD % Budget
Expenditures				
Staff Wage	262,185	209395.85	52,789.15	80%
Fringe	117,568	96491.40	21,076.60	82%
Rent/Taxes	11,000	10678.52	321.48	97%
Copier Contract	600	880.81	(280.81)	147%
Phone Maintenance	825	77.68	747.32	9%
Office Supplies	375	258.25	116.75	69%
Postage	300	101.05	198.95	34%
Travel Training	3,900	589.27	3,310.73	15%
Local Travel	2,100	1518.98	581.02	72%
Phone	5,400	4498.33	901.67	83%
Membership Dues	225	0.00	225.00	0%
Books, Subscriptions & Periodicals	150	136.37	13.63	91%
Advertising	0	0.00	0.00	0%
Computer Software/Hardware	1,500	54.84	1,445.16	4%
IT Services	1,250	0.00	1,250.00	0%
Printing	550	208.29	341.71	38%
Supportive Services	22,000	10969.78	11,030.22	50%
Youth Incentives	5,000	0.00	5,000.00	0%
E-Learning	0	0.00	0.00	0%
Tuition	116,760	59060.28	57,699.72	51%
OJT	25,000	0.00	25,000.00	0%
Participant Wages	108,050	106182.47	1,867.53	98%
Participant Fringe	10,805	11148.94	(343.94)	103%
Total Expenditures	695,543	512,251.11	183,291.89	74%

100% of the program year completed