

ATTACHMENT A: UNITS OF LOCAL GOVERNMENT

Where a local area is comprised of multiple counties or jurisdictional areas, provide the names of the individual governmental units and identify the grant recipient.

Unit of Local Government	Grant Recipient	
	Yes	No
Saratoga County	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Warren County	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Washington County	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

ATTACHMENT B: FISCAL AGENT/GRANT SUBRECIPIENT

Identify the Fiscal Agent or a Grant Recipient to assist in the administration of grant funds. Provide the names of the agent and/or subrecipient.

Entity	Fiscal Agent	
	Yes	No
Saratoga County	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Entity	Grant Subrecipient	
	Yes	No
Warren County	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Washington County EOC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Washington County	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ATTACHMENT C: SIGNATURE OF LOCAL BOARD CHAIR

**Workforce Investment Act Local Plan for
Program Year 2013-2014, for Workforce Investment Act Title 1-B
and Wagner Peyser Programs**

In compliance with the provisions of the Workforce Investment Act of 1998, the Final Rule, and Planning guidelines and instructions developed by the Governor, this Plan is being submitted jointly by the Local Board and the respective Chief Elected Official(s).

By virtue of my signature, I:

- agree to comply with all statutory and regulatory requirements of the Act as well as other applicable state and federal laws, regulations and policies
- affirm that the composition of the Local Board is either in compliance with the law, rules and regulations and is approved by the State or, will be in compliance within 90 days of local plan submittal
- affirm that this Plan was developed in collaboration with the Local Board and is jointly submitted with the Chief Elected official(s) on behalf of the Local Board
- affirm that the board, including any staff to the board, will not directly provide any core, intensive or training services.

Date:	Signature of Local Board Chair:	
Mr. <input checked="" type="checkbox"/>	Typed Name of Local Board Chair:	
Ms. <input type="checkbox"/>	John Herrick	
Other <input type="checkbox"/>		
Name of Board:	Saratoga-Warren-Washington Workforce Investment Board	
Address 1:	PO Box 4393	
Address 2:		
City:	Queensbury	
State:	NY	Zip: 12804
Phone:	(518) 587-0723	E-mail: jherrick@saratogabridges.org

Submittal directions: Complete this form as part of the Plan development process and submit the entire Plan electronically as described earlier in this guidance. Submit this form with original signatures as directed on page 2 of the Instructions.

ATTACHMENT D: SIGNATURE OF CHIEF ELECTED OFFICIAL

**Workforce Investment Act Local Plan for
Program Year 2013-2014, for Workforce Investment Act Title 1-B
and Wagner Peyser Programs**

In compliance with the provisions of the Workforce Investment Act of 1998, the Final Rule, and Planning guidelines and instructions developed by the Governor, this Plan is being submitted jointly by the Local Board and the respective Chief Elected Official(s).

By virtue of my signature, I:

- agree to comply with all statutory and regulatory requirements of the Act as well as other applicable state and federal laws, regulations and policies
- affirm that the Grant recipient possesses the capacity to fulfill all responsibilities and assume liability for funds received, as stipulated in §667.705 of the rules and regulations
- affirm that the composition of the Local Board is either in compliance with the law, rules and regulations and is approved by the State or, will be in compliance within 90 days of local plan submittal
- affirm that the Chair of the Local Board was duly elected by that Board
- affirm that the board, including any staff to the board, will not directly provide any core, intensive or training services.

Note: A separate signature sheet is required for each local Chief Elected Official. If additional pages are necessary, please see **Attachment B – Extended Version**.

Date:		Signature of Local Chief Elected Official (CEO):
Mr. <input checked="" type="checkbox"/>	Ms. <input type="checkbox"/>	Other <input type="checkbox"/>
Typed Name of Local CEO:		Allan Grattidge
Title of Local CEO:	Chairman, Saratoga County Board of Supervisors	
Address 1:	Saratoga County Municipal Center	
Address 2:	40 McMaster Street	
City:	Ballston Spa	
State:	NY	Zip: 12020
Phone:	518-884-4745	E-mail: agrattidge@saratogacountyny.gov

Submittal directions: Complete this form as part of the Plan development process and submit the entire Plan electronically as described earlier in this guidance. Submit this form with original signatures as described on page 2 of the Instructions.

ATTACHMENT D: SIGNATURE OF CHIEF ELECTED OFFICIAL

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and Wagner Peyser Programs**

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By virtue of my signature, I:

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- affirm that the board, including any staff to the board, will not directly provide any core, intensive or training services.

Note: A separate signature sheet is required for each local Chief Elected Official. If additional pages are necessary, please see **Attachment B – Extended Version**.

Date:		Signature of Local Chief Elected Official (CEO):
Mr. <input checked="" type="checkbox"/>	Typed Name of Local CEO: Kevin B. Geraghty	
Ms. <input type="checkbox"/>		
Other <input type="checkbox"/>		
Title of Local CEO:	Chairman, Warren County Board of Supervisors	
Address 1:	Warren County Municipal Center	
Address 2:	1340 State Rt. 9	
City:	Lake George	
State:	NY	Zip: 12845
Phone:	518-761-6536	E-mail: kevin.geraghty@townofwarrensburg.net

Submittal directions: Complete this form as part of the Plan development process and submit the entire Plan electronically as described earlier in this guidance. Submit this form with original signatures as described on page 2 of the Instructions.

ATTACHMENT D: SIGNATURE OF CHIEF ELECTED OFFICIAL

**Workforce Investment Act Local Plan for
Program Year 2013-2014, for Workforce Investment Act Title 1-B
and Wagner Peyser Programs**

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By virtue of my signature, I:

- agree to comply with all statutory and regulatory requirements of the Act as well as other applicable state and federal laws, regulations and policies
- affirm that the Grant recipient possesses the capacity to fulfill all responsibilities and assume liability for funds received, as stipulated in §667.705 of the rules and regulations
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- affirm that the Chair of the Local Board was duly elected by that Board
- affirm that the board, including any staff to the board, will not directly provide any core, intensive or training services.

Note: A separate signature sheet is required for each local Chief Elected Official. If additional pages are necessary, please see **Attachment B – Extended Version**.

Date:	Signature of Local Chief Elected Official (CEO):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/>	Typed Name of Local CEO: John A. Rymph
Title of Local CEO:	Chairman
Address 1:	Washington County Board of Supervisors
Address 2:	383 Broadway
City:	Fort Edward
State:	NY
	Zip: 12828
Phone:	518-746-2210
	E-mail: rymph@co.washington.ny.us

Submittal directions: Complete this form as part of the Plan development process and submit the entire Plan electronically as described earlier in this guidance. Submit this form with original signatures as described on page 2 of the Instructions.

ATTACHMENT E: SIGNATURE OF WIB DIRECTOR

**Workforce Investment Act Local Plan for
Program Year 2013-2014, for Workforce Investment Act Title 1-B
and Wagner Peyser Programs**

This Plan was developed through consultation and dialogue between the local area’s representative(s) and the New York State Department of Labor’s Regional Labor Market Analyst.

By virtue of my signature, I:

- attest that dialogues were conducted between the WIB’s representatives and the LMA which provided the WIB with data and the demographic characteristics of the LWIA’s resident population
- assure that service delivery and design, resource allocation, and other planning decisions were made by the WIB as a result of a careful consideration of the implications of the data and demographics as provided

Date:		Signature of Local WIB Director:
Mr. <input checked="" type="checkbox"/>		Typed Name of Local WIB Director: William F. Resse
Ms. <input type="checkbox"/>		
Other <input type="checkbox"/>		
Name of Board:	Saratoga-Warren-Washington Workforce Investment Board	

Submittal directions: Complete this form as part of the Plan development process and submit the entire Plan electronically as described earlier in this guidance. Submit this form with original signatures as directed on page 2 of the Instructions.

ATTACHMENT F: FEDERAL AND STATE CERTIFICATIONS

The funding for the awards granted under this contract is provided by either the United States Department of Labor or the United States Department of Health and Human Services which requires the following certifications:

A. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statement in this certification, such prospective participant shall attach an explanation to this proposal.

B. CERTIFICATION REGARDING LOBBYING - Certification for Contracts, Grants, Loans, and Cooperative Agreements

By accepting this grant, the signee hereby certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The signer shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of facts upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S.C. **Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

C. DRUG FREE WORKPLACE. By signing this application, the grantee certifies that it will provide a Drug Free Workplace by implementing the provisions at 29 CFR 98.630, Appendix C, pertaining to the Drug Free Workplace. In accordance with these provisions, a list of places where performance of work is done in connection with this specific grant will take place must be maintained at your office and available for Federal inspection.

D. NONDISCRIMINATION & EQUAL OPPORTUNITY ASSURANCE:**For contracts funded by the U.S. Department of Labor**

As a condition to the award of financial assistance from the Department of Labor under Title I of WIA, the grant applicant assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

- (1) Section 188 of the Workforce Investment Act of 1998 (WIA) which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age disability, political affiliation, or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I - financially assisted program or activity;
- (2) Title VI of the Civil Rights Act of 1964, as amended which prohibits discrimination on the basis of race, color, and national origin;
- (3) Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;
- (4) The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age; and
- (5) Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs.

The grant applicant also assures that it will comply with 29 CFR Part 37 and all other regulations implementing the laws listed above. This assurance applies to the grant applicant's operation of the WIA Title I - financially assisted program or activity, and to all agreements the grant applicant makes to carry out the WIA Title I-financially assisted program or activity. The grant applicant understands that the United States has the right to seek judicial enforcement of this assurance. For grants serving participants in work activities funded through the Welfare-to-Work block grant programs under Section 407(a) of the Social Security Act, the grant applicant shall comply with 20 CFR 645.255.

For contracts funded by the U.S. Department of Health and Human Services

As a condition to the award of financial assistance from the Department of Labor under Title IV-A of the Social Security Act, the grant applicant assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws including but not limited to:

- (1) Title VI of the Civil rights Act of 1964(P.L. 88-352) and Executive Order Number 11246 as amended by E.O. 11375 relating to Equal Employment Opportunity which prohibits discrimination on the basis of race, color or national origin;
- (2) Section 504 of the Rehabilitation Act of 1973, as amended, and the regulations issued pursuant thereto contained in 45 CFR Part 84 entitled "Nondiscrimination on the Basis of Handicap in Programs and Activities Reviewing or Benefiting from Federal Financial Assistance" which prohibit discrimination against qualified individuals with disabilities;

(3) The Age Discrimination Act of 1975, as amended, and the regulations at 45 CFR Part 90 entitled “Nondiscrimination on the Basis of Age in Programs and Activities Receiving Federal Financial Assistance”, which prohibits discrimination on the basis of age;

(4) Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs; and

(5) The Americans with Disabilities Act (ADA) of 1990, 42 U.S.C. Section 12116, and regulations issued by the Equal Employment Opportunity Commission which implement the employment provisions of the ADA, set forth at 29 CFR Part 1630.

The grant applicant also assures that it will comply with 45 CFR Part 80 and all other regulations implementing the laws listed above. The grant applicant understands that the United States has the right to seek judicial enforcement of this assurance.

STATE CERTIFICATIONS

E. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND OUTSTANDING DEBTS

The undersigned, as a duly sworn representative of the contractor/vendor, hereby attests and certifies that:

- 1) No principle or executive officer of the contractor’s/vendor’s company, its subcontractor(s) and/or successor(s) is presently suspended or debarred; and
- 2) The contractor/vendor, its subcontractor(s) and/or its successor(s) is not ineligible to submit a bid on, or be awarded, any public work contract or sub-contract with the State, any municipal corporation or public body for reason of debarment for failure to pay the prevailing rate of wages, or to provide supplements, in accordance with Article 8 of the New York State Labor Law.
- 3) The contractor/vendor, its subcontractor(s) and/or its successor do not have any outstanding debts owed to the Department, including but not limited to, contractual obligations, fines related to Safety and Health violations, payments owed to workers for public works projects or the general provisions of the Labor Law, unemployment insurance contributions or other related assessments, penalties or charges.

F. CERTIFICATION REGARDING "NONDISCRIMINATION IN EMPLOYMENT IN NORTHERN IRELAND: MacBRIDE FAIR EMPLOYMENT PRINCIPLES"

In accordance with Chapter 807 of the Laws of 1992 the bidder, by submission of this bid, certifies that it or any individual or legal entity in which the bidder holds a 10% or greater ownership interest, or any individual or legal entity that holds a 10% or greater ownership interest in the bidder, either:

(answer Yes or No to one or both of the following, as applicable.)

1. Has business operations in Northern Ireland:

Yes No

If Yes:

2. Shall take lawful steps in good faith to conduct any business operations they have in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to nondiscrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and shall permit independent monitoring of its compliance with such Principles.

Yes No

G. NON-COLLUSIVE BIDDING CERTIFICATION

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his or her knowledge and belief:

- 1. The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
- 2. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
- 3. No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit to bid for the purpose of restricting competition.

I, the undersigned, attest under penalty of perjury that I am an authorized representative of the Bidder/Contractor and that the foregoing statements are true and accurate.

Signature of Authorized Representative:
Title: Director, Saratoga County One Stop Center
Date: 6/14/13

ATTACHMENT G: ONE STOP OPERATOR INFORMATION

Complete the following information for each locally certified One Stop Operator in your Workforce Investment Area. Use as many pages of ATTACHMENT G as necessary.

OPERATOR: SWW One Stop Center Operators Consortium			
<i>Method of Selection</i>		<i>Type of Operator</i>	
<input checked="" type="checkbox"/> Consortium <input type="checkbox"/> Competitive Bid		<input type="checkbox"/> System <input checked="" type="checkbox"/> Center(s)	
Address 1:	C/O Saratoga Dept. of Employment and Training		
Address 2:	152 West High St.		
City:	Ballston Spa		
State:	NY	Zip Code:	12020
Operator Phone: 518-884-4170			
E-Mail: lscaccia@saratogacountyny.gov			

OPERATOR CERTIFICATION STATUS

Indicate status of Local Level Operator Recertification:

- Granted
- Application Submitted/Pending LWIB Review
- Application Not Yet Due
- Other (explain)

If the One-Stop Operator is a consortium, identify the consortium partners:

Saratoga Department of Employment and Training

Warren County Employment and Training

Washington County Economic Opportunity Council/Employment and Training

New York State Department of Labor

ATTACHMENT H: LIST OF ONE STOP CENTERS

Complete the following information for each One Stop Center in your Workforce Investment Area. Use as many pages of ATTACHMENT H as necessary.

One Stop Name:	Saratoga County One Stop		
Address 1:	152 West High Street		
Address 2:	Room B-204		
City:	Ballston Spa		
State:	NY	Zip Code:	12020
Phone:	518-884-4170	E-Mail:	lscaccia@saratogacountyny.gov
Fax:	518-884-4262	Website:	http://www.thejoblink.org/
Site Type:	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> Certified Affiliate		
Lease Expiration:	n/a		
Lease Holder:	Saratoga County		

WIA Contact:	Lisa M. Scaccia		
Phone:	518-884-4170	E-Mail:	lscaccia@saratogacountyny.gov
NYSDOL Contact:	James Corey		
Phone:	518-743-0925	E-Mail:	James.Corey@labor.state.ny.us

	Opening Time	Closing Time
Monday	8:30 am	5:00 pm
Tuesday	8:30 am	5:00 pm
Wednesday	8:30 am	5:00 pm
Thursday	8:30 am	5:00 pm
Friday	8:30 am	5:00 pm
Saturday	n/a	n/a
Sunday	n/a	n/a

ATTACHMENT H: LIST OF ONE STOP CENTERS

Complete the following information for each One Stop Center in your Workforce Investment Area. Use as many pages of ATTACHMENT H as necessary.

One Stop Name:	Warren County One Stop Career Center		
Address 1:	PO Box 4393		
Address 2:	820 State Route 9		
City:	Queensbury		
State:	NY	Zip Code:	12804
Phone:	518-743-0925	E-Mail:	onestopcareercenter@warrencountyny.gov
Fax:	518-743-0828	Website:	http://www.thejoblink.org/
Site Type:	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> Certified Affiliate		
Lease Expiration:	December 31, 2014		
Lease Holder:	New York State Department of Labor		

WIA Contact:	Chris A. Hunsinger		
Phone:	518-824-8865	E-Mail:	hunsingerc@co.warren.ny.us
NYS DOL Contact:	James Corey		
Phone:	518-743-0925	E-Mail:	James.Corey@labor.state.ny.us

	Opening Time	Closing Time
Monday	8:30 am	5:00 pm
Tuesday	8:30 am	5:00 pm
Wednesday	8:30 am	5:00 pm
Thursday	8:30 am	5:00 pm
Friday	8:30 am	5:00 pm
Saturday	n/a	n/a
Sunday	n/a	n/a

ATTACHMENT H: LIST OF ONE STOP CENTERS

Complete the following information for each One Stop Center in your Workforce Investment Area. Use as many pages of ATTACHMENT H as necessary.

One Stop Name:	One Stop Center of Washington County		
Address 1:	383 Broadway		
Address 2:			
City:	Fort Edward		
State:	NY	Zip Code:	12828
Phone:	518-746-2391	E-Mail:	NWilliams@co.washington.ny.us
Fax:	518-746-2392	Website:	http://www.thejoblink.org/
Site Type:	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> Certified Affiliate		
Lease Expiration:	n/a		
Lease Holder:	Washington County		

WIA Contact:	Natalie L. Williams		
Phone:	518-746-2391	E-Mail:	NWilliams@co.washington.ny.us
NYSDOL Contact:	James Corey		
Phone:	518-743-0925	E-Mail:	James.Corey@labor.state.ny.us

	Opening Time	Closing Time
Monday	8:00 am	4:00 pm
Tuesday	8:00 am	4:00 pm
Wednesday	8:00 am	4:00 pm
Thursday	8:00 am	4:00 pm
Friday	8:00 am	4:00 pm
Saturday	n/a	n/a
Sunday	n/a	n/a

LWIA Name: SWW						
WIA						
Totals	Adult	DW	Youth	Admin	Other Funding	
Revenue						
WIA PY12 Carryover	\$ 40,300.00	\$ 20,000.00	\$ 10,300.00	\$ 10,000.00		
WIA PY13	\$ 2,653,606.00	\$ 531,000.00	\$ 547,200.00	\$ 714,600.00	\$ 199,200.00	\$ 661,606.00
Total Revenue	\$ 2,693,906.00	\$ 551,000.00	\$ 557,500.00	\$ 724,600.00	\$ 199,200.00	\$ 661,606.00
Expenditures						
Staff Costs						
Wages	\$ 676,820.29	\$ 157,827.87	\$ 201,329.71	\$ 170,781.68	\$ 93,988.86	\$ 52,892.17
Fringe Benefits	\$ 475,984.86	\$ 126,539.72	\$ 147,726.89	\$ 109,317.22	\$ 62,484.11	\$ 29,916.92
Travel	\$ 13,070.14	\$ 3,537.99	\$ 3,542.78	\$ 3,770.60	\$ 1,768.77	\$ 450.00
Other	\$ 4,600.00	\$ 1,840.00	\$ 1,610.00	\$ 1,150.00		
Total Staff Costs	\$ 1,170,475.29	\$ 289,745.58	\$ 354,209.38	\$ 285,019.50	\$ 158,241.74	\$ 83,259.09
Operational Costs						
WIB Costs	\$ 31,963.00	\$ 12,785.20	\$ 11,187.05	\$ 7,990.75	\$ -	\$ -
One-Stop Costs	\$ 137,967.65	\$ 40,438.84	\$ 35,562.72	\$ 33,225.64	\$ 27,090.45	\$ 1,650.00
Total Operational Costs	\$ 169,930.65	\$ 53,224.04	\$ 46,749.77	\$ 41,216.39	\$ 27,090.45	\$ 1,650.00
Other Program Costs						
Support Services	\$ 105,262.78	\$ 7,000.00	\$ 7,500.00	\$ 50,500.00		\$ 40,262.78
Youth Wages	\$ 293,783.41			\$ 58,857.41		\$ 234,926.00
Other Related Items	\$ -					
Total Program Costs	\$ 399,046.19	\$ 7,000.00	\$ 7,500.00	\$ 109,357.41	\$ -	\$ 275,188.78
Training Costs						
Total Training Costs	\$ 417,650.00	\$ 85,400.00	\$ 137,700.00	\$ 25,550.00		\$ 169,000.00
Total Expenditures	\$ 2,157,102.13	\$ 435,369.62	\$ 546,159.15	\$ 461,143.30	\$ 185,332.19	\$ 529,097.87
Carry-over Funds to PY14	\$ 536,803.87	\$ 115,630.38	\$ 11,340.85	\$ 263,456.70	\$ 13,867.81	\$ 132,508.13

One-Stop: Saratoga						
WIA						
Totals	Adult	DW	Youth	Admin	Other Funding	
Rent	\$ 25,000.00	\$ 5,543.00	\$ 9,158.00	\$ 6,025.00	\$ 3,374.00	\$ 900.00
Utilities	\$ 740.52	\$ 188.96	\$ 332.08	\$ 82.32	\$ 137.16	
Supplies	\$ 5,260.00	\$ 1,420.20	\$ 1,788.40	\$ 1,367.60	\$ 683.80	
Cleaning	\$ -					
Internet Service	\$ 2,152.50	\$ 149.53	\$ 135.07	\$ 372.32	\$ 1,495.58	
Leased Equipment	\$ 619.63	\$ 161.75	\$ 177.37	\$ 188.20	\$ 92.31	
Other Related Items	\$ 1,020.00	\$ 275.40	\$ 346.80	\$ 265.20	\$ 132.60	
Totals	\$ 34,792.65	\$ 7,738.84	\$ 11,937.72	\$ 8,300.64	\$ 5,915.45	\$ 900.00

One-Stop: Warren						
WIA						
Totals	Adult	DW	Youth	Admin	Other Funding	
Rent	\$ 42,900.00	\$ 15,200.00	\$ 10,300.00	\$ 11,600.00	\$ 5,800.00	
Utilities	\$ 5,200.00	\$ 1,800.00	\$ 1,300.00	\$ 1,400.00	\$ 700.00	
Supplies	\$ 7,000.00	\$ 2,500.00	\$ 1,700.00	\$ 1,900.00	\$ 900.00	
Cleaning	\$ -					
Internet Service	\$ 3,200.00	\$ 1,100.00	\$ 800.00	\$ 900.00	\$ 400.00	
Leased Equipment	\$ 400.00	\$ 150.00	\$ 100.00	\$ 100.00	\$ 50.00	
Other Related Items	\$ 18,300.00	\$ 6,600.00	\$ 4,400.00	\$ 4,800.00	\$ 2,100.00	\$ 400.00
Totals	\$ 77,000.00	\$ 27,350.00	\$ 18,600.00	\$ 20,700.00	\$ 9,950.00	\$ 400.00

One-Stop: Washington						
WIA						
Totals	Adult	DW	Youth	Admin	Other Funding	
Rent	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Utilities	\$ 2,125.00	\$ 500.00	\$ 725.00	\$ 400.00	\$ 500.00	
Supplies	\$ 5,950.00	\$ 2,200.00	\$ 1,500.00	\$ 1,750.00	\$ 500.00	
Cleaning	\$ -	\$ -	\$ -	\$ -	\$ -	
Internet Service	\$ 1,600.00	\$ 250.00	\$ 600.00	\$ 150.00	\$ 600.00	
Leased Equipment	\$ 750.00	\$ 250.00	\$ 250.00	\$ 125.00	\$ 125.00	
Other Related Items	\$ 15,750.00	\$ 2,150.00	\$ 1,950.00	\$ 1,800.00	\$ 9,500.00	\$ 350.00
Totals	\$ 26,175.00	\$ 5,350.00	\$ 5,025.00	\$ 4,225.00	\$ 11,225.00	\$ 350.00

WIB Office:						
		WIA				
	Totals	Adult	DW	Youth	Admin	Other Funding
Rent	\$ 3,618.00	\$ 1,447.20	\$ 1,266.30	\$ 904.50		
Utilities	\$ 600.00	\$ 240.00	\$ 210.00	\$ 150.00		
Supplies	\$ 3,600.00	\$ 1,440.00	\$ 1,260.00	\$ 900.00		
Cleaning	\$ -					
Internet Service	\$ -					
Leased Equipment	\$ 1,600.00	\$ 640.00	\$ 560.00	\$ 400.00		
Other Related Items	\$ 22,545.00	\$ 9,018.00	\$ 7,890.75	\$ 5,636.25		
Totals	\$ 31,963.00	\$ 12,785.20	\$ 11,187.05	\$ 7,990.75	\$ -	\$ -

PY 2012 FTE Staffing									
Function/ Type of Service	WIA Adult	WIA DW	WIA Youth	WIA Admin	Wagner-Peyser	REA	DVOP LVER	Other	Total
WIB	0.4	0.3	0.3						1
TAA									0
Core/Intensive	5	5.8		1.2	10		3		25
Business Services					1				1
Rapid Response									0
Youth Services			5	1				0.2	6.2
Total	5.4	6.1	5.3	2.2	11	0	3	0.2	33.2

Projected PY 2013 FTE Staffing									
Function/Type of Service	WIA Adult	WIA DW	WIA Youth	WIA Admin	Wagner-Peyser	REA	DVOP LVER	Other	Total
WIB	0.4	0.3	0.3						1
TAA									0
Core/Intensive	5	5.8		1.2	10		3		25
Business Services					1				1
Rapid Response									0
Youth Services			5	1				0.2	6.2
Total	5.4	6.1	5.3	2.2	11	0	3	0.2	33.2

PY 2012 Training																
DW																
Adult						Youth										
Training Type	# Participants in Training			Expenditures			# Participants in Training			Expenditures						
	Carry In	New	PY12 Carry In Reg	Reg	Non-WIA Funding	Carry In	New	PY12 Carry In Reg	Reg	Non-WIA Funding	Carry In	New	PY12 Carry In Reg	Reg	Non-WIA Funding	
ITA	26	131	\$ 23,789.25	\$ 435,990.20		28	66	\$ 32,153.20	\$ 103,105.44		0	10	\$ -	\$ -		
DOT	1	2	\$ 3,000.00	\$ 6,000.00												
Custom																
Contract																
Total	29	133	\$ 26,789.25	\$ 441,990.20		28	66	\$ 32,153.20	\$ 103,105.44		0	10	\$ -	\$ -	\$ 29,697.60	\$ -

PY 2013 Training Projection																
DW																
Adult						Youth										
Training Type	# Participants in Training			Expenditures			# Participants in Training			Expenditures						
	Carry In	New	PY12 Carry In	PY13	Non-WIA Funding	Carry In	New	PY12 Carry In	PY13	Non-WIA Funding	Carry In	New	PY12 Carry In	PY13	Non-WIA Funding	
ITA	29	98	\$ 25,000.00	\$ 36,400.00		9	54	\$ 26,700.00	\$ 96,000.00		0	10	\$ -	\$ -		
DOT				\$ 24,000.00					\$ 15,000.00							
Custom																
Contract																
Total	29	106	\$ 25,000.00	\$ 60,400.00	\$ 30,000.00	9	59	\$ 26,700.00	\$ 111,000.00	\$ 136,000.00	0	10	\$ -	\$ -	\$ 25,550.00	\$ -

		Budget Summary for:					LWIA Name: SWW
		WIA					
	Totals	Adult	DW	Youth	Admin	Other Funding	
Total Revenue	\$ 2,693,906.00	\$ 551,000.00	\$ 557,500.00	\$ 724,600.00	\$ 199,200.00	\$ 661,606.00	
Total Staff Costs	\$ 1,170,475.29	\$ 289,745.58	\$ 354,209.38	\$ 285,019.50	\$ 158,241.74	\$ 83,259.09	
Total Operational Costs	\$ 169,930.65	\$ 53,224.04	\$ 46,749.77	\$ 41,216.39	\$ 27,090.45	\$ 1,650.00	
Total Participant Costs	\$ 399,046.19	\$ 7,000.00	\$ 7,500.00	\$ 109,357.41	\$ -	\$ 275,188.78	
Total Training Costs	\$ 417,650.00	\$ 85,400.00	\$ 137,700.00	\$ 25,550.00	\$ -	\$ 169,000.00	
Total Expenditures	\$ 2,157,102.13	\$ 435,369.62	\$ 546,159.15	\$ 461,143.30	\$ 185,332.19	\$ 529,097.87	
Carry-over Funds to PY14	\$ 536,803.87	\$ 115,630.38	\$ 11,340.85	\$ 263,456.70	\$ 13,867.81	\$ 132,508.13	

Operational Cost Breakdown	
Rent	\$ 71,518.00
Utilities	\$ 8,665.52
Supplies	\$ 21,810.00
Cleaning	\$ -
Internet Service	\$ 6,957.50
Leased Equipment	\$ 3,369.63
Other Related Items	\$ 57,615.00

	Staffing Totals	
	2012	2013
WIB	1	1
TAA	0	0
Core/Intensive	25	25
Business Services	1	1
Rapid Response	0	0
Youth Services	6.2	6.2

	Training Totals	
	2011	2012
ITA	\$ 376,987.69	\$ 316,650.00
OJT	\$ 9,000.00	\$ 71,000.00
Custom	\$ -	\$ 30,000.00
Contract	\$ -	\$ -

Number of One Stop Centers
3

	One-Stop: Saratoga				
	WIA				
	Adult	DW	Youth	Admin	Other Funding
Rent	\$ 5,543.00	\$ 9,158.00	\$ 6,025.00	\$ 3,374.00	\$ 900.00
Utilities	\$ 188.96	\$ 332.08	\$ 82.32	\$ 137.16	
Supplies	\$ 1,420.20	\$ 1,788.40	\$ 1,367.60	\$ 683.80	
Cleaning	\$ -	\$ -	\$ -	\$ -	
Internet Service	\$ 149.53	\$ 195.07	\$ 372.32	\$ 1,495.58	
Leased Equipment	\$ 161.75	\$ 177.37	\$ 188.20	\$ 92.31	
Other Related Items	\$ 275.40	\$ 346.80	\$ 265.20	\$ 132.60	\$ -

	One-Stop: Warren				
	WIA				
	Adult	DW	Youth	Admin	Other Funding
Rent	\$ 15,200.00	\$ 10,300.00	\$ 11,600.00	\$ 5,800.00	\$ -
Utilities	\$ 1,800.00	\$ 1,300.00	\$ 1,400.00	\$ 700.00	\$ -
Supplies	\$ 2,500.00	\$ 1,700.00	\$ 1,900.00	\$ 900.00	\$ -
Cleaning	\$ -	\$ -	\$ -	\$ -	\$ -
Internet Service	\$ 1,100.00	\$ 800.00	\$ 900.00	\$ 400.00	\$ -
Leased Equipment	\$ 150.00	\$ 100.00	\$ 100.00	\$ 50.00	\$ -
Other Related Items	\$ 6,600.00	\$ 4,400.00	\$ 4,800.00	\$ 2,100.00	\$ 400.00

	One-Stop: Washington				
	WIA				
	Adult	DW	Youth	Admin	Other Funding
Rent	\$ -	\$ -	\$ -	\$ -	\$ -
Utilities	\$ 500.00	\$ 725.00	\$ 400.00	\$ 500.00	\$ -
Supplies	\$ 2,200.00	\$ 1,500.00	\$ 1,750.00	\$ 500.00	\$ -
Cleaning	\$ -	\$ -	\$ -	\$ -	\$ -
Internet Service	\$ 250.00	\$ 600.00	\$ 150.00	\$ 600.00	\$ -
Leased Equipment	\$ 250.00	\$ 250.00	\$ 125.00	\$ 125.00	\$ -
Other Related Items	\$ 2,150.00	\$ 1,950.00	\$ 1,800.00	\$ 9,500.00	\$ 350.00

	One-Stop Totals								
	WIA								
	Adult	DW	Youth	Admin					
\$	40,438.84	\$	35,562.72	\$	33,225.64	\$	27,090.45	\$	1,650.00
	Overall Totals								
Rent			\$	71,518.00					
Utilities			\$	8,665.52					
Supplies			\$	21,810.00					
Cleaning			\$	-					
Internet Service			\$	6,952.50					
Leased Equipment			\$	3,369.63					
Other Related Items			\$	57,615.00					
	Number of One Stop Centers								
				3					
	WIB Totals								
Adult		DW			Admin		Youth		Other Funding
\$	12,785.20	\$	11,187.05	\$	7,990.75	\$	-	\$	-

Youth Activity Provider Name	Address	City	State	Zip Code	Phone Number	Contact Name	Contact Title	Contact Email	Type of Arrangement (e.g., MOU, collaboration, contractual)	Contract Start Date (if applicable)	Contract End Date (if applicable)	Planned Expenditures for PY13	Counties Served	Planned Enrollments PY13	Using the definition of successful in Question 8 of the Local Plan, has this provider been successful? (Yes or No)
Captain Youth & Family Services	5 Municipal Plaza Suite 3	Clifton Park	NY	12065	371-3185	Andy Gilpin	Director of Program Services	andy@captainyouth.org	Annual (PY14 new RFP)	7/1/2013	6/30/2014	545,000	Saratoga County	Carry over 20 New enroll 30 Total served 50	YES
Saratoga Co. Emp. & Trng.	157 West High Street	Ballston Spa	NY	12020	884-4170	Lisa Scaccia	Director	lscaccia@scacciacountyny.gov	Annual (PY14 new RFP)	7/1/2013	6/30/2014	545,000	Saratoga County	Carry over 20 New enroll 30 Total served 50	YES
Washington Co. EOC/Warren CG ETA	381 Broadway	Fort Edwards	NY	12828	745-2391	Natalie Williams	Program Director	nwilliams@co.washington.ny.us	Annual (PY14 new RFP)	7/1/2013	6/30/2014	5402,230.37	Warren & Washington	75	Yes
Washington-Saratoga Warren-Hamilton-Essex BOCES	1153 Burgoyne Ave., Suite 2	Fort Edward	NY	12828	518-581-3560	Caren Snell	Principal for Special Programs	Csnell@WSWH.org	Agreement for Training or Services	6/24/2013	8/30/2013	15600	Warren	9	Yes
Washington-Saratoga Warren-Hamilton-Essex BOCES	1153 Burgoyne Ave., Suite 2	Fort Edward	NY	12828	518-581-3560	Caren Snell	Principal for Special Programs	Csnell@WSWH.org	Agreement for Training or Services	9/8/2013	6/30/2014	34200	Warren	20	Yes
WSWH BOCES	1153 Burgoyne Ave, Suite 2	Fort Edward	NY	12828	518581-3560	Caren Snell	Principal for Special Programs	csnell@wsheboes.org	GED prep	9/1/2013	6/30/2013	13500	Washington	15	Yes

Youth Program Foundation	Provider Names
Objective Assessment	Captain Yth & Fam. Serv.(annual contract), Warren Co. E&T, Wash Co EOC
Individual Service Strategy	Captain Yth & Fam. Serv.(annual contract), Warren Co. E&T, Wash Co EOC
Preparation for Post-Secondary Education & Employment	Captain Yth & Fam. Serv.(annual contract), Warren Co. E&T, Wash Co EOC

Youth Program Element	Provider Names
Tutoring/Study Skills Training/Instruction leading to completion of secondary school	Captain Yth & Fam Serv(annual cont.), WSWHE BOCES, Wash Co EOC, Warren Co E&T
Alternative Secondary School Services	Captain Youth & Family Services(annual contract), Warren Co. E&T, Wash Co EOC
Summer employment opportunities	Captain (annual cont.)/Saratoga E&T, WSWHE BOCES, Wash Co EOC, Warren Co E&T
Paid and unpaid work experience	Captain Yth & Fam Serv(annual cont.), WSWHE BOCES, Wash Co EOC, Warren Co E&T
Occupational skills training	Captain Yth & Fam Serv(annual cont.), WSWHE BOCES, Wash Co EOC, Warren Co E&T
Leadership development opportunities	Captain Yth & Fam Serv(annual cont.), WSWHE BOCES, Wash Co EOC, Warren Co E&T
Supportive Services	Captain Yth & Fam. Serv.(annual contract), Warren Co. E&T, Wash Co EOC
Adult Mentoring	Captain Yth & Fam. Serv.(annual contract), Warren Co. E&T, Wash Co EOC
Follow Up Services	Captain Yth & Fam. Serv.(annual contract), Warren Co. E&T, Wash Co EOC
Comprehensive Guidance and Counseling	Captain Yth & Fam. Serv.(annual contract), Warren Co. E&T, Wash Co EOC

