



# Economic Development Committee

**Wednesday, March 8, 2023 3:30PM**

40 McMaster Street, Ballston Spa, NY

Chair: Mark Hammond

Members:

C. Eric Butler  
Joe Grasso  
Jean Raymond  
Kevin Tollisen  
Kevin Veitch - vc  
Sandra Winney

- I. Welcome and Attendance
  
- I. Approval of the minutes of the February 8, 2023 meeting.
  
- II. Jason Kemper - Planning & Economic Development
  - A. Approving Amendments to the boundaries of Saratoga County Consolidated Ag Districts #1 and #2 and authorizing an issuance of a negative declaration under SEQRA.
  
- III. Jenniffer McCloskey, Employment & Training
  - A. Discussion: 2023 Summer Youth Employment Program
  
- IV. Other Business
  
- V. Adjournment



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

**TO:** Steve Bulger, County Administrator  
Ridge Harris, Deputy County Administrator  
Michelle Granger, County Attorney  
Therese Connolly, Clerk of the Board  
Stephanie Hodgson, Director of Budget

**CC:** John Warmt, Director of Purchasing  
Jason Kemper, Director of Planning and Economic Development  
Bridget Rider, Deputy Clerk of the Board  
Matt Rose, Management Analyst  
Clare Giammusso, County Attorney's Office  
Audra Hedden, County Administrator's Office

**DEPARTMENT:** Department of Planning & Economic Development

**DATE:** 2.27.23

**COMMITTEE:** Economic Development

**RE:** Saratoga County Agricultural Districts Inclusions

1. Is a Resolution Required:

Yes, Other

2. Proposed Resolution Title:

Approving Amendments to the Boundaries of Saratoga County Consolidated Ag Districts #1 and #2 and authorizing a Issuance of a Negative Declaration under SEQRA.

3. Specific Details on what the resolution will authorize:

Resolution will adopt the inclusions to the Agricultural Districts after the public hearing is held.

This column must be completed prior to submission of the request.

County Attorney's Office  
Consulted

4. Is a Budget Amendment needed:  YES or  NO  
If yes, budget lines and impact must be provided.  
Any budget amendments must have equal and offsetting entries.

County Administrator's Office  
Consulted

Please see attachments for impacted budget lines.  
(Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount
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Expense

Account Number	Account Name	Amount
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Source of Revenue

Fund Balance	State Aid	Federal Aid	Other
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5. Identify Budget Impact:

No Budget Impact

- a. G/L line impacted
- b. Budget year impacted
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or  NO (If yes, provide details)

a. Is a new position being created?  Y  N

Effective date

Salary and grade

b. Is a new employee being hired?  Y  N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification?  Y  N

Is this position currently vacant?  Y  N

Is this position in the current year compensation plan?  Y  N

7. Does this item require hiring a Vendors/Contractors:  Y  N

a. Were bids/proposals solicited:  Y  N

b. Type of Solicitation

c. Is the vendor/contractor a sole source:  Y  N

d. If a sole source, appropriate documentation has been submitted and approved by Purchasing Department?  Y  N  N/A

e. Commencement date of contract term:

f. Termination of contract date:

g. Contract renewal and term:

h. Contact information:

i. Is the vendor/contractor an LLC, PLLC or partnership:

j. State of vendor/contractor organization:

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

Human Resources Consulted

Purchasing Office Consulted

8. Is a grant being accepted:  YES or  NO

County Administrator's Office  
Consulted

a. Source of grant funding:

b. Agency granting funds:

c. Amount of grant:

d. Purpose grant will be used for:

e. Equipment and/or services being purchased with the grant:

f. Time period grant covers:

g. Amount of county matching funds:

h. Administrative fee to County:

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Program information summary
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other Memo with Complete Backup was provided for February Meeting

10. Remarks:

See memo dated 2-2-2023 for detail on amendments proposed for Ag District #1 and #2.

## Part 1 - Project Information

### Instructions for Completing

**Part 1 – Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

<b>Part 1 – Project and Sponsor Information</b>			
Name of Action or Project: Amendments to Saratoga County Consolidated Agricultural Districts #1 & #2.			
Project Location (describe, and attach a location map): Towns of Wilton, Greenfield, Clifton Park and Milton in Saratoga County, New York State			
Brief Description of Proposed Action: Pursuant to New York State Agriculture and Markets Law 25-AA Section 303b, the Saratoga County Board of Supervisors accepted petitions from landowners seeking to include property in a Saratoga County consolidated agricultural district. Petitions were accepted during a 30-day period in October 2022. Petitions were received from twelve landowners requesting inclusion of sixteen parcels in Saratoga County Consolidated Agricultural Districts #1 & #2 in the towns of Wilton, Greenfield, Clifton Park, and Milton. The Saratoga County Agriculture and Farmland Protection Board has recommended that all of the aforementioned parcels be added to either Agricultural District #1 & #2 with their respective placement.			
Name of Applicant or Sponsor: Saratoga County Board of Supervisors		Telephone: 518-885-2240 E-Mail: <a href="mailto:tconnolly@saratogacountyny.gov">tconnolly@saratogacountyny.gov</a>	
Address: 40 McMaster Street			
City/PO: Ballston Spa		State: New York	Zip Code: 12020
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:		NO <input type="checkbox"/>	YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?  b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	NO <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	NO <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/>	

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:		
<input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b></p> <p>Applicant/sponsor/name: _____ Date: _____</p> <p>Signature: _____ Title: _____</p>		



Project:

Date:

## *Short Environmental Assessment Form*

### *Part 2 - Impact Assessment*

**Part 2 is to be completed by the Lead Agency.**

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept “Have my responses been reasonable considering the scale and context of the proposed action?”

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:		
a. public / private water supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Project:

Date:

### *Short Environmental Assessment Form Part 3 Determination of Significance*

For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

The proposed action involved the addition of +/- 159 acres of viable farmland to Saratoga County Consolidated Agricultural District #1 and +/- 420 acres of viable farmland to Saratoga County Consolidated Agricultural District # 2. No change in land use is proposed and no negative impact is expected from this proposed action.

- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.

Saratoga County Board of Supervisors

\_\_\_\_\_  
Name of Lead Agency

Theodore T. Kusnierz, Jr.

\_\_\_\_\_  
Print or Type Name of Responsible Officer in Lead Agency

\_\_\_\_\_  
Signature of Responsible Officer in Lead Agency

\_\_\_\_\_  
Date

Chairman, Saratoga County Board of Supervisors

\_\_\_\_\_  
Title of Responsible Officer

\_\_\_\_\_  
Signature of Preparer (if different from Responsible Officer)

## SEAF – Part 1

Question 1 Narrative - Intent of the proposed action and the environmental resources that may be affected in the municipality.

The proposed action is the addition of +/- 159 acres of viable farmland to Saratoga County Consolidated Agricultural District #1 and +/- 420 acres of viable farmland to Saratoga County Consolidated Agricultural District #2. New York State Agriculture and Markets Law article 25-AA authorizes the creation of local agricultural districts the intent of which is to encourage and promote the continued use of farmland for agricultural production. Agricultural districts provide a combination of landowner incentives and protections including partial real property tax relief and protections against overly restrictive local laws and private nuisance complaints involving agricultural practices. Adding additional acres to both Saratoga County Consolidated Agricultural District #1 & #2 will further promote agricultural lands in Saratoga County.

The proposed action does not entail any changes in land use in the affected municipalities, no impacts to any environmental resources are expected.



# SARATOGA COUNTY

## AGENDA ITEM REQUEST FORM

**TO:** Steve Bulger, County Administrator  
Ridge Harris, Deputy County Administrator  
Michelle Granger, County Attorney  
Therese Connolly, Clerk of the Board  
Stephanie Hodgson, Director of Budget

**CC:** John Warnt, Director of Purchasing  
Jason Kemper, Director of Planning and Economic Development  
Bridget Rider, Deputy Clerk of the Board  
Matt Rose, Management Analyst  
Clare Giammusso, County Attorney's Office  
Audra Hedden, County Administrator's Office

**DEPARTMENT:** Employment & Training



**DATE:** 3/2/23

**COMMITTEE:** Economic Development



**RE:** Release of 2023 Summer Youth Employment Program (SYEP) participant and worksite applications.

This column must be completed prior to submission of the request.

1. Is a Resolution Required:

No, Discussion Only

2. Proposed Resolution Title:

NA

3. Specific Details on what the resolution will authorize:

The 2023 Summer Youth Employment Program applications are now available. Youth, ages 14-20 who qualify based on family income and other factors will be placed in subsidized employment for 8 weeks during the summer months. For many youth, this will be their first experience in the workforce and will help build basic social, workplace, and financial skills. We will also be accepting worksite applications from municipalities, community based organizations, and other businesses who would like to participate as employers and mentors to the youth for the summer months. The wages for the youth at \$15 per hour will be fully covered by the grant.

County Attorney's Office  
Consulted

4. Is a Budget Amendment needed:  YES or  NO  
 If yes, budget lines and impact must be provided.  
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office Consulted <input checked="" type="checkbox"/>
--

Please see attachments for impacted budget lines.  
 (Use ONLY when more than four lines are impacted.)

**Revenue**

Account Number	Account Name	Amount

**Expense**

Account Number	Account Name	Amount

**Source of Revenue**

Fund Balance	State Aid	Federal Aid	Other

5. Identify Budget Impact:

--

- a. G/L line impacted
- b. Budget year impacted
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or  NO (If yes, provide details)

a. Is a new position being created?  Y  N

Effective date

Salary and grade

b. Is a new employee being hired?  Y  N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification?  Y  N

Is this position currently vacant?  Y  N

Is this position in the current year compensation plan?  Y  N

Human Resources Consulted

7. Does this item require hiring a Vendors/Contractors:  Y  N

a. Were bids/proposals solicited:  Y  N

b. Type of Solicitation

c. Is the vendor/contractor a sole source:  Y  N

d. If a sole source, appropriate documentation has been submitted and approved by Purchasing Department?  Y  N  N/A

e. Commencement date of contract term:

f. Termination of contract date:

g. Contract renewal and term:

h. Contact information:

i. Is the vendor/contractor an LLC, PLLC or partnership:

j. State of vendor/contractor organization:

k. Is this a renewal agreement:  Y  N

l. Vendor/Contractor comment/remarks:

Purchasing Office Consulted

County Administrator's Office  
Consulted

8. Is a grant being accepted:  YES or  NO
- a. Source of grant funding:
  - b. Agency granting funds:
  - c. Amount of grant:
  - d. Purpose grant will be used for:
  - e. Equipment and/or services being purchased with the grant:
  - f. Time period grant covers:
  - g. Amount of county matching funds:
  - h. Administrative fee to County:

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Program information summary
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other \_\_\_\_\_

10. Remarks:

Attachments:  
SYEP info page  
SYEP youth application  
Worksite info page  
Worksite application



# Summer Youth Employment Program

## Eligibility Requirements

- Income based work experience program for Saratoga County youth residents 14-20 years old.
  - Youth may qualify if they or their family receives: Medicaid, Supplemental Security Income, SNAP, Cash Public Assistance, HEAP.
- If you are under 18 you must apply for your working papers now. Contact your school guidance office (14 & 15 have a blue work card – 16 & 17 have a green work card).

## About the Program

- Summer employment is for approximately 8 weeks June 26<sup>th</sup> – August 31<sup>st</sup> 2023.
- Hiring rate is **\$15.00/hour**
- Work up to **30 hours/week**
- Job matching considerations include: skills, interests, transportation, and desired location.
- Types of jobs include: clerical/office assistant, laborer, customer service, grounds work, library page, cleaner and more.

***NOTE: Funding for the Program is always contingent on legislative action and budget inclusion. Any incentive programs will be subject to the availability of funds. Additionally, if deemed eligible for the program, youth will be required to provide ID documents (birth certificate, social security card, NYS ID/permit/license, etc.).***

## How to Apply

- Please return the attached application to the address indicated.
- You **MUST** fill out ALL sections of the application form to be considered.
- Be sure to write neatly, especially phone numbers.
- Ensure voicemail is set up and able to receive messages.

## Deadlines

- Applications must be received by April 21, 2023.
- We will begin contacting eligible candidates in May to continue the application process.

Any questions, contact Cassandra Purcell  
[kmpurcell@saratogacountyny.gov](mailto:kmpurcell@saratogacountyny.gov)  
518-884-4904 direct office  
518-941-4614 cell





Saratoga County Career Center

A proud partner of the AmericanJobCenter network

Summer Youth Employment Program

152 West High Street Ballston Spa, NY 12020
Phone: (518) 884-4170 Fax (518) 884-4262
Director - Jenniffer McCloskey
Youth Counselor - Cassandra Purcell

Summer Youth Employment Program Application

You MUST fill out ALL sections of the application form to be considered.

Youth Information

Full Legal Name Birthdate
Preferred First Name Social Security Number
Current Age Gender Preferred Pronouns

Ethnicity, check all that apply

White Black Hispanic Asian Native American Pacific Islander Other Prefer to not answer

If you are a male, 18 years old or older, have you registered with selective service? No Yes

Address City Zip code

Do you live in a town different from mailing address? No Yes

Youth Cell Youth Email

Preferred contact Call Text Email

Where did you obtain this application?

Parent Information

Parent/Guardian Name Cell

Eligibility

Do you or members of the household receive any supportive services through the county? No Yes

Check ALL that apply SNAP HEAP Medicaid Medicaid Waiver SSI TANF Family Assistance/Safety Net Foster Care

Parent/Guardian, complete only if you don't receive supportive services from Saratoga County.

List all immediate family members of your household, including youth, and their gross income (income before taxes & deductions).

IMMEDIATE FAMILY MEMBERS CLARIFICATION:

Family members include your mother, father, stepmother, stepfather, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents. If you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. You should not include any of these people if they do not live with you. You should not include other family members such as grandparents, uncles or aunts. If you are married, you should include your spouse, but do not need to include your parents or siblings.

TYPES OF INCOME

Wages, social security benefits, public assistance benefits, child support, alimony, etc.

Any questions regarding income, please contact the Career Center 518-884-4170.

## Availability

Do you have a valid Employment Certificate (green/blue work card)?  No  Yes

Will you have reliable transportation?  No  Yes

Do you have any known summer commitments?

No  Yes, what and when \_\_\_\_\_

Possibility of Summer School?  No  Yes

Mark days of the week you are available to work:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Earliest arrival time \_\_\_\_\_ Latest Departure time \_\_\_\_\_

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## Youth Interests

What kind of jobs would you be interested in? (Check all that apply)  Clerical/Office  Laborer  With youth  
 Cleaning  Library  Museum  Indoors  Outdoors  With animals  Other \_\_\_\_\_

Select any skills/experiences you wish to gain this summer.

### Financial

Learn to manage money/budget  How to buy a car  How to open a bank account  All about credit  
 Student Loans  Financing College

### Soft Skills

Time Management  Communication  Resolving workplace conflict  Networking  Teamwork  Listening  
 Creative thinking  Work Ethic

### Occupational Skills

Coding  Clerical work (paperwork, answering phones)  Landscaping  Maintenance  Computer Skills  Food preparation  Retail  Food Service

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## Education

Are you currently enrolled in school?

No, last grade completed \_\_\_\_\_

Yes, Name of School \_\_\_\_\_ Current Grade \_\_\_\_\_

Do you have an IEP?  No  Yes

Are you enrolled at BOCES?  No  Yes, Program Name \_\_\_\_\_

## Employment History

Have you ever been in the Summer Youth Program?

No  Yes, When \_\_\_\_\_ Worksite Name \_\_\_\_\_

Have you ever worked/volunteered before?  No, skip to next page  Yes, complete work history below

Employer \_\_\_\_\_ Start Date \_\_\_\_\_

Address \_\_\_\_\_ End Date \_\_\_\_\_

Job Title \_\_\_\_\_ Wage \_\_\_\_\_  Hour  Week  Month  Year

Reason for Leaving \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

---

Employer \_\_\_\_\_ Start Date \_\_\_\_\_

Address \_\_\_\_\_ End Date \_\_\_\_\_

Job Title \_\_\_\_\_ Wage \_\_\_\_\_  Hour  Week  Month  Year

Reason for Leaving \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

---

Employer \_\_\_\_\_ Start Date \_\_\_\_\_

Address \_\_\_\_\_ End Date \_\_\_\_\_

Job Title \_\_\_\_\_ Wage \_\_\_\_\_  Hour  Week  Month  Year

Reason for Leaving \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

## Certification

I certify that the information on this application is correct to the best of my knowledge. I understand that submitting an application in no way guarantees an interview or placement in a summer job.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

The applicant is applying for employment and training services provided by Temporary Assistance for Needy Families (TANF) and/or the State of New York. I will be required to provide certain documentation for eligibility determination. I grant permission to Saratoga County Department of Employment & Training to release and obtain information regarding physical and/or mental disabilities and other pertinent information of a social or economic nature from my child's school and other appropriate agencies. This information will be used to determine program eligibility and appropriate services to be provided. I understand that all information will be treated as confidential and privileged.

I am a (*check one*)  Parent  Legal Guardian

Relationship to applicant if guardian \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent/Guardian Signature

(Required if applicant is under age 18 or lives at home)

\_\_\_\_\_  
Date

**Application Priority Deadline is April 21, 2023**  
**PLEASE RETURN THIS APPLICATION BY MAIL OR E-MAIL TO:**

**kmpurcell@saratogacountyny.gov**

**Saratoga County Career Center**  
**152 West High Street, Ballston Spa, NY 12020**

**Questions? Please call or text Kassie at (518) 941-4614.**  
**Calls and text will be returned Monday – Friday 9 am – 4 pm**



Saratoga County  
Career Center

A proud partner of the AmericanJobCenter network

## Saratoga County Career Center

152 West High Street Ballston Spa, NY 12020

Phone: (518) 884-4170 | Fax: (518) 884-4262

Director – Jenniffer McCloskey

# Potential Worksite Memorandum

## 2023 Summer Youth Employment Program

### THE PROGRAM

The Summer Youth Employment Program (SYEP) is a grant funded, eight-week summer program for eligible youth (age 14-20) to earn money, receive initial financial literacy education, and gain basic employment readiness soft skills to prepare them for success in the workforce with the support of a youth program counselor. The overall grant program is administered by the NYS Office of Temporary and Disability Assistance and implemented by the Saratoga County Career Center. The grant funds provided are used to pay the wages of youth participants (\$15/hr) and enable employment counselors to assist the youth with education/training support and employment related services. Youth are required to apply for the program annually and eligibility is determined by household income. Eligible youths are matched with one of the numerous worksites throughout Saratoga County. Job matches/assignments are made by me based on the youth's interview with them and the suitable jobs available.

### HOW IT WORKS – WORKSITE EXPECTATIONS

Worksites need to offer meaningful work in a well-supervised environment. For the program to be successful, collaboration between myself and the worksite is crucial. The program services to foster students both with initial work experience as well as providing additional support to guide them on their future career pathways. I will work with the worksite supervisors to help with any youths that are struggling with some of the basic soft skills. It is expected that the worksite be able to provide adequate supervision and mentorship to supplement my guidance. The 2023 SYEP time period is June 26 – August 31, 2023. Worksites select an 8-week window of time that works for them. In an effort to provide the most support to the youth and the worksites, youth will only be able to work Monday – Friday when I am available.

### APPLYING TO BE A WORKSITE

If you are interested in supporting, mentoring and developing our community's youth as a worksite for the Summer Youth Employment Program, please fill out the attached Worksite Application with a current Certificate of Liability Insurance (see memo attached). **Worksite applications are accepted via mail or email.** I have also enclosed a participant application for you to make copies and hand out to any youth you think might be eligible and you are interested in having at your worksite. The youth application is also available on our website <https://thejoblink.org/youth/>.

If you have any questions, please do not hesitate to reach out to me.

Thank you in advance for considering participation in the 2023 Summer Youth Employment Program!

*Kassandra Purcell*

Youth Program Counselor

518-884-4904 | [kmpurcell@saratogacountyny.gov](mailto:kmpurcell@saratogacountyny.gov)



Saratoga County Career Center

A proud partner of the AmericanJobCenter network

152 West High Street Ballston Spa, NY 12020
Phone: (518) 884-4170 Fax (518) 884-4262
Director - Jenniffer McCloskey
Youth Counselor - Cassandra Purcell

2023 SUMMER YOUTH EMPLOYMENT PROGRAM

Worksite Information

Business Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Contact Name & Title \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Description of Business

Experience employing youth? [ ] No [ ] Yes

Dates to employ youth (Up to 8 weeks, 06/24/23 - 08/18/23 Monday - Friday ONLY)

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

Supervision

Immediate Supervisor \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Supervisor \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Safety/Labor Standards

Saratoga County Department of Employment & Training (DET) is very concerned with the safety of our participants. Strict adherence to safety procedures is expected at all times. Participants must be provided with safety equipment where appropriate (e.g., safety glasses, work gloves, reflective vests). Any specialized training required to enable participant to safely and satisfactorily perform on the job is the responsibility of the worksite.

There are limitations on employment of minors for youth employment programs including the hours they can work and type of work they are allowed to do. Please reference the Division of Labor Standards, Laws Governing the Employment of Minors handbook or the NYS Department of Labor website (www.labor.ny.gov). Copies of the handbook can be obtained from Saratoga DET if needed.

**Funding**

Does your agency/business have funds from any other source for the position requested?

No  Yes, funding source \_\_\_\_\_

Has this position ever been funded through any other source?

No  Yes, funding source \_\_\_\_\_

Do any layoffs or work stoppages exist at your agency / business?

No  Yes

**Transportation**

Is travel involved in this position?  No  Yes

If yes, is transportation provided for this position?  No  Yes

**Equal Employment Opportunities**

Is your agency/business (or worksite) accessible to the handicapped?  No  Yes

Is there a grievance procedure in place in your agency/business?  No  Yes

If no, interested parties and participants are entitled to use DET's grievance procedure.

*No party involved may discriminate with respect to any participant because of race, creed, color, national origin, sex, political affiliation or belief.*

**Certificate of Liability Insurance**

Saratoga County requires that each worksite applicant meet specific liability provisions. Please submit your insurance certificate with the application. We cannot consider your application without an insurance certificate on file. If you have any questions regarding Liability Insurance, please contact Deb Bishop at [dbishop@saratogacountyny.gov](mailto:dbishop@saratogacountyny.gov).

**Signature**

The agency/business authorized representative hereby certifies that the information in this application is correct to the best of his/her knowledge and belief. The agency further certifies that compliance with applicable labor laws is the responsibility of the worksite.

\_\_\_\_\_  
Signature of Authorized Agency / Business Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Agency / Business Representative

## 2023 Labor Union or Agency Endorsement of SYEP Program

Worksite \_\_\_\_\_

Job Title \_\_\_\_\_

Are employees at this worksite represented by a collective bargaining unit (labor union)?

NO, complete Section II.

YES, complete Section I

**( ↓ YOU MUST FILL IN ONE OF THE OPTIONS BELOW ↓ )**

---

### Section I Union Endorsement (to be completed by Union Representative)

As the authorized bargaining agent for the union in existence at this agency, I am aware of the Employment Program and have determined that it does not infringe upon the rights of any union member covered under our collective bargaining agreement.

Name of Union \_\_\_\_\_

Name of Representative \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

### Section II Agency Endorsement (to be completed if no union exists at your agency)

If Employees at this agency are not represented by a labor union, the authorized agency representative must sign below, attesting to the same as above.

Agency Representative \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*This endorsement will become a part of the worksite agreement between the Saratoga County DET and the Worksite regarding the employment of eligible youth.*



**Please fill out all sections of the JOB DESCRIPTION  
and WORKSITE ASSIGNMENT forms.**

**Job Description**

The job description should be detailed and specific and **must** contain the following information; job title and number of positions requested, examples of work, basic skills, work readiness and occupational skill utilized, required knowledge, skills and abilities, and any special requirements.

Name of Worksite \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Number of positions requested \_\_\_\_\_

Job title \_\_\_\_\_ Minimum age required \_\_\_\_\_

Job title \_\_\_\_\_ Minimum age required \_\_\_\_\_

**FOR QUESTIONS BELOW PLEASE SPECIFY IF DIFFERENT TITLES**

Description of work to be performed

\_\_\_\_\_

Required knowledge, skills and abilities

\_\_\_\_\_

Basic skills, work readiness skills and occupational skills utilized in this position

\_\_\_\_\_

Dress Code or other special requirements

\_\_\_\_\_

*Saratoga County is an Affirmative Action/ Equal Opportunity Employer-Auxiliary aids and services are available upon request to individuals with disabilities.*

## WORKSITE ASSIGNMENT

### Schedule

Please complete the attached schedule form. The number of hours youth can work each week will depend on total program budget. We always strive for the maximum number of hours and will inform if we need to reduce at any point during the program.

Are provisions made for inclement weather?  No  Yes  N/A

Please state what the participants will do in case of inclement weather

---

Please leave "Name of Employee" blank and begin with "My Assigned Worksite" below filling in your agency name and completing all remaining areas of this form. This form will be given to the assigned youth once matched with your worksite.

Name of Employee \_\_\_\_\_

My Assigned Worksite \_\_\_\_\_

My Job Title \_\_\_\_\_

My Supervisor's Name \_\_\_\_\_

My Worksite Phone Number \_\_\_\_\_

My First Day of Work \_\_\_\_\_

I Will Report At (exact time and location) \_\_\_\_\_

### Work Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Start</b>					
<b>Lunch</b>					
<b>End</b>					

*\*NYS Labor Law states that the noonday meal period extends from 11:00am – 2:00pm. An employee who works a shift of more than six hours which extends over the noonday meal period is entitled to at least a 30-minute meal break. We do NOT pay for breaks of any kind including meal breaks required by law. Employees are only paid for actual hours worked. Please note on form above any additional breaks (other than lunch break) if given.*

Please use this page to inform us of anything additional we would need to know about youth you are able to employ for the summer (i.e., mandatory trainings, youth will be sent home if wearing inappropriate footwear or clothing, etc.).