

General Section

Name Bart Patterson

Address [REDACTED]

City, State, ZIP [REDACTED]

Phone Number [REDACTED] Alternate Phone Number [REDACTED]

Email Address [REDACTED] Alternate Email Address [REDACTED]

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

Current member of Workforce Connections. Prior member of Friends of Nevada Wilderness Board which receives federal funds. Also have overall oversight of multiple federal grants at College.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

Primary experience is with Workforce Connections. Some College grant programs could be considered workforce development related.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

I have a wealth of legal and administrative experience first as Chief Counsel for the Nevada System of Higher Education and now as President of Nevada State College. From time to time, the College may be in a position to partner on various workforce needs.

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section C (Educational Entity)

1. Are you currently in an executive level position with optimum policy-making authority for an institution administering adult education and literacy activities under Title II?

Yes No

If yes, please provide your institution and title.

Institution President

Title President

2. Are you currently in an executive level position with optimum policy-making authority in an institution of Higher Education?

Yes No

If yes, please provide your institution and title.

Institution Nevada State College

Title President

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
 - i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

- Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Bart Patterson

Applicant's Name (Please print)



Signature of Applicant

March 2, 2015

Date

WIOA Board composition

“Shall” include:

- Business (51% minimum) 10
- Labor (20% minimum) 4
- Adult Education under Title II 1
- Higher Education 1
- Economic/Community Development 1
- Wagner-Peyser Act 1
- Vocational Rehabilitation under Title I 1

Minimum Total 19

“May” also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the “May” list. Use the Member List Matrix and Composition Calculator to estimate totals.

General Section

Name Bill Regenhardt

Address [REDACTED]

City, State, ZIP [REDACTED]

Phone Number [REDACTED] Alternate Phone Number [REDACTED]

Email Address [REDACTED] Alternate Email Address [REDACTED]

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

I have been involved in the administration/oversight for WIA funds while serving on both the SNWIB and Workforce Connections Board.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

As a member of the Adult and Dislocated Workers Committee I have personal experience with the funding of employment and training funds allocated to service providers for these specific areas.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

As an owner of a business that focuses on strategic planning, business organization and corporate governance, i bring the ability to assist in furthering the mission of the Workforce Connections Board and the Governor's mission to provide employment and training to our state's population.

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section A-1 (Business)

1. Are you currently a local business owner, or C-level/SVP-level executive of a local business/employer with optimum policy-making authority?

Yes No

If yes, please provide your company/business and title.

Company/Business Regis 702 Consulting Group, Inc.

Title President/CEO

2. Does your company/business currently provide employment opportunities in our Local Workforce Investment Area (LWIA)? This encompasses the counties of Clark, Lincoln, Esmeralda and Nye.

Yes No

If yes, how many are hired annually?

2

3. Does your company/business currently hire in-demand occupations in Nevada's targeted industry sectors?

Yes No

If yes, which one? (Please check all that apply)

- Aerospace and Defense
- Agriculture
- Clean Energy
- Health & Medical Services
- Information Technology
- Logistics and Operations
- Manufacturing
- Mining
- Tourism, Gaming and Entertainment

4. Do you currently exercise hiring authority in your company/business?

Yes No

If yes, how many of the annual hires do you oversee?

4

5. Do you currently exercise budget authority in your company/business?

Yes No

If yes, please check the range.

\$0 – 99,999

\$100,000 – 999,999

\$1,000,000 and above

6. How many employees does your company/business currently have?

2-49

50-249

250 and above

7. Is your company/business held to the affirmative action requirements?

Yes No

If yes, please describe your role.

As part of the senior management team, I am responsible to ensure that as potential federal subcontractors, affirmative action must be taken to recruit and advance qualified minorities, women, persons with disabilities, and covered veterans. Affirmative actions include training programs, outreach efforts, and

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
- i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

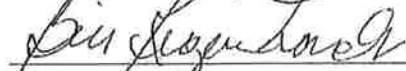
Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Bill Regenhardt

Applicant's Name (Please print)



Signature of Applicant

02/28/15

Date

WIOA Board composition

"Shall" include:

- | | | |
|---|---------------|----|
| • Business | (51% minimum) | 10 |
| • Labor | (20% minimum) | 4 |
| • Adult Education under Title II | | 1 |
| • Higher Education | | 1 |
| • Economic/Community Development | | 1 |
| • Wagner-Peyser Act | | 1 |
| • Vocational Rehabilitation under Title I | | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.

General Section

Name Charles C. Perry, JR.

Address [REDACTED]

City, State, ZIP [REDACTED]

Phone Number [REDACTED] Alternate Phone Number [REDACTED]

Email Address [REDACTED] Alternate Email Address [REDACTED]

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

Almost 50 years as owner/administrator of skilled nursing facilities providing services to Medicare/Medicaid recipients.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

Direct contact to Post-Acute Care Providers in Southern Nevada. Longstanding personal/professional relationships with Health Care Providers, including physicians, hospitals, etc.

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational/Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section A-1 (Business)

1. Are you currently a local business owner, or C-level/SVP-level executive of a local business/employer with optimum policy-making authority?

Yes No

If yes, please provide your company/business and title.

Company/Business _____

Title _____

2. Does your company/business currently provide employment opportunities in our Local Workforce Investment Area (LWIA)? This encompasses the counties of Clark, Lincoln, Esmeralda and Nye.

Yes No

If yes, how many are hired annually?

3. Does your company/business currently hire in-demand occupations in Nevada's targeted industry sectors?

Yes No

If yes, which one? (Please check all that apply)

Aerospace and Defense

Agriculture

Clean Energy

Health & Medical Services

Information Technology

Logistics and Operations

Manufacturing

Mining

Tourism, Gaming and Entertainment

4. Do you currently exercise hiring authority in your company/business?

Yes No

If yes, how many of the annual hires do you oversee?

5. Do you currently exercise budget authority in your company/business?

Yes No

If yes, please check the range.

\$0 – 99,999

\$100,000 – 999,999

\$1,000,000 and above

6. How many employees does your company/business currently have?

2-49

50-249

250 and above

7. Is your company/business held to the affirmative action requirements?

Yes No

If yes, please describe your role.

Section A-2 (Business Organization or Trade Association)

Note: To complete this section you must be nominated by a local business organization or business trade association. Please attach nomination letter

1. How many local businesses does your organization currently represent?

- 2-49
- 50-249
- 250 and above

2. Are you currently in an executive level position in your organization with optimum policy-making authority?

- Yes
- No

If yes, please provide your organization and title.

Organization _____

Title _____

3. Which special interests does your organization currently represent?

The NVHCA Penny Foundation, of which I Am
Founder + Board Chair, provides educational +
Training programs to predominantly Post-Acute Care
Facilities.

4. Please list examples of advocacy or accomplishments over the last two years for your organization on behalf of the businesses you represent.

We publicize the positive accomplishments of
our clients + offer programs to bring them
better results. The programs are high quality,
evidence based presented by recognized experts.

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections

Other - Please Explain: I'm A member of The Board of
DIRECTORS FOR 10 years.

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
 - i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

1. Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Charles C. Penny, Jr.
Applicant's Name (Please print)

C. Penny, Jr.
Signature of Applicant

03/02/2015
Date

General Section

Name Dasya Duckworth

Address _____

City, State, ZIP _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____ Alternate Email Address: _____

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

I have almost 20 years of human resources experience. I also was on LEAP for a year and a half, and I was a member of the Governor's Workforce Investment Board (GWIB) for Manufacturing for a year and a half.

The company I currently work for is the Avi Resort & Casino. We are a gaming

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section A-1 (Business)

1. Are you currently a local business owner, or C-level/SVP-level executive of a local business/employer with optimum policy-making authority?

Yes No

If yes, please provide your company/business and title.

Company/Business Avi Resort & Casino

Title Director of Human Resources

2. Does your company/business currently provide employment opportunities in our Local Workforce Investment Area (LWIA)? This encompasses the counties of Clark, Lincoln, Esmeralda and Nye.

Yes No

If yes, how many are hired annually?

Currently have 750 active team members and with seasonality and turn-over we will hire over 100 people this year.

3. Does your company/business currently hire in-demand occupations in Nevada's targeted industry sectors?

Yes No

If yes, which one? (Please check all that apply)

- Aerospace and Defense
 Agriculture
 Clean Energy
 Health & Medical Services
 Information Technology
 Logistics and Operations
 Manufacturing
 Mining
 Tourism, Gaming and Entertainment

4. Do you currently exercise hiring authority in your company/business?

Yes No

If yes, how many of the annual hires do you oversee?

All of them

5. Do you currently exercise budget authority in your company/business?

Yes No

If yes, please check the range.

\$0 – 99,999

\$100,000 – 999,999

\$1,000,000 and above

6. How many employees does your company/business currently have?

- 2-49
 50-249
 250 and above

7. Is your company/business held to the affirmative action requirements?

- Yes No

If yes, please describe your role.

We are not held to affirmative action; however we are owned by the Fort Mojave Tribe and therefore held to Indian preference laws and in conformity with the Fort Mojave Tribe employment rights ordinances.

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
 - i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Dasya Duckworth

Applicant's Name (Please print)

Signature of Applicant

March 27, 2015

Date

WIOA Board composition

"Shall" include:

- | | |
|---|----|
| • Business (51% minimum) | 10 |
| • Labor (20% minimum) | 4 |
| • Adult Education under Title II | 1 |
| • Higher Education | 1 |
| • Economic/Community Development | 1 |
| • Wagner-Peyser Act | 1 |
| • Vocational Rehabilitation under Title I | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.

General Section

Name David Colee
Address _____
City, State, ZIP _____
Phone Number _____ Alternate Phone Number _____
Email Address _____ Alternate Email Address _____

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

- Adult and Dislocated Worker Committee
- Youth Council
- Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?
 Yes No
If yes, please define.

Air quality management program

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?
 Yes No
If yes, please describe your personal expertise with workforce development systems.

workforce CONNECTIONS
PEOPLE. PARTNERSHIPS. POSSIBILITIES.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

L.V. Taiwanese Chamber of Commerce

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section A-2 (Business Organization or Trade Association)

Note: To complete this section you must be nominated by a local business organization or business trade association. Please attach nomination letter

1. How many local businesses does your organization currently represent?

- 2-49
 50-249
 250 and above

2. Are you currently in an executive level position in your organization with optimum policy-making authority?

- Yes No

If yes, please provide your organization and title.

Organization Las Vegas Taiwanese Chamber of Commerce
Title President

3. Which special interests does your organization currently represent?

Chamber of Commerce

4. Please list examples of advocacy or accomplishments over the last two years for your organization on behalf of the businesses you represent.

Participation in various organization

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
 - i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

David C. Lee

Applicant's Name (Please print)

David C. Lee

Signature of Applicant

March 11, 2014

Date

WIOA Board composition

"Shall" include:

- | | |
|---|----|
| • Business (51% minimum) | 10 |
| • Labor (20% minimum) | 4 |
| • Adult Education under Title II | 1 |
| • Higher Education | 1 |
| • Economic/Community Development | 1 |
| • Wagner-Peyser Act | 1 |
| • Vocational Rehabilitation under Title I | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.

General Section

Name David McKinnis

Address _____

City, State, Zip _____

Phone Number: _____ Alternate Phone Number _____

Email Address: _____ Alternate Email Address _____

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

I have over 25 years of experience in Southern Nevada's Tourism, Gaming and Entertainment Industry Sector and currently serve as Vice President of Engineering for the Bellagio Hotel & Casino.
The Bellagio offers hundreds of employment opportunities every year.

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section A-1 (Business)

1. Are you currently a local business owner, or C-level/SVP-level executive of a local business/employer with optimum policy-making authority?

Yes No

If yes, please provide your company/business and title.

Company/Business The Bellagio Hotel & Casino

Title Vice President of Engineering

2. Does your company/business currently provide employment opportunities in our Local Workforce Investment Area (LWIA)? This encompasses the counties of Clark, Lincoln, Esmeralda and Nye.

Yes No

If yes, how many are hired annually?

Several hundred every year

3. Does your company/business currently hire in-demand occupations in Nevada's targeted industry sectors?

Yes No

If yes, which one? (Please check all that apply)

- Aerospace and Defense
 Agriculture
 Clean Energy
 Health & Medical Services
 Information Technology
 Logistics and Operations
 Manufacturing
 Mining
 Tourism, Gaming and Entertainment

4. Do you currently exercise hiring authority in your company/business?

Yes No

If yes, how many of the annual hires do you oversee?

A few dozen every year

5. Do you currently exercise budget authority in your company/business?

Yes No

If yes, please check the range.

\$0 – 99,999

\$100,000 – 999,999

\$1,000,000 and above

6. How many employees does your company/business currently have?

2-49

50-249

250 and above

7. Is your company/business held to the affirmative action requirements?

Yes No

If yes, please describe your role.

As VP of Engineering I am responsible for the successful implementation in my department of all company hiring practices and guidelines.

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
- i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

David McKinnis

Applicant's Name (Please print)

Signature of Applicant

3-24-2015

Date

WIOA Board composition

"Shall" include:

- | | |
|---|----|
| • Business (51% minimum) | 10 |
| • Labor (20% minimum) | 4 |
| • Adult Education under Title II | 1 |
| • Higher Education | 1 |
| • Economic/Community Development | 1 |
| • Wagner-Peyser Act | 1 |
| • Vocational Rehabilitation under Title I | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.



General Section

Name Dr Robert T Henry
 Address Department of Adult Education - CCSD
 City, State, ZIP [REDACTED]
 Phone Number [REDACTED] Alternate Phone Number [REDACTED]
 Email Address [REDACTED] Alternate Email Address [REDACTED]

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

- Adult and Dislocated Worker Committee
- Youth Council
- Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

At present I oversee a Title I Neglected and Delinquent program located within one of our corrections sites.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

I was involved a few years ago when Desert Rose HS (one of the schools I supervise) had a program.



3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

Interest in helping our at-risk population to eliminate their barriers to successful and gainful employment. I bring experience in administering programs as well as advocacy.

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.



Section C (Educational Entity)

- 1. Are you currently in an executive level position with optimum policy-making authority for an institution administering adult education and literacy activities under Title II?
 Yes ___ No ___ Not under Title II
 If yes, please provide your institution and title.
 Institution Clark County School District, Department of Adult Education
 Title Executive Director

- 2. Are you currently in an executive level position with optimum policy-making authority in an institution of Higher Education?
 Yes ___ No X
 If yes, please provide your institution and title.
 Institution _____
 Title _____



Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain: _____

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
 - i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

1. Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

workforce CONNECTIONS
FOR ALL GOALS. ALL DAY.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Dr Robert T Henry
Applicant's Name (Please print)

Robert T Henry
Signature of Applicant

02/19/15
Date

General Section

Name Hannah Brown

Address [REDACTED]

City, State, ZIP [REDACTED]

Phone Number [REDACTED] Alternate Phone Number [REDACTED]

Email Address [REDACTED] Alternate Email Address [REDACTED]

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

I have served on the Southern Nevada Workforce Investment Board for the last decade providing leadership and oversight of funds from the Workforce Investment Act of 1998.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

- Vice Chair of the Board for one term
- Board Chair for two terms
- ADW committee chair for two terms
- current ADW committee chair

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.
I have senior management skills, human resources skills, as well as budgetary skills. I also have significant institutional knowledge of the workforce system, state and local government, and very involved in various community and philanthropic organizations. Philanthropically, I have raised over \$1m for this community.

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section D (Economic or Community Development Entity / State Employment Service-Wagner Peyser Act / Vocational Rehabilitation Title I / Transportation, Housing or Public Assistance Agency / Philanthropic Organization)

1. Are you currently in an executive level position with optimum policy-making authority for an economic/community development entity?

Yes No

If yes, please provide your agency and title.

Agency _____

Title _____

2. Are you currently an executive level position representative with optimum policy-making authority from the state employment service office under the Wagner-Peyser Act?

Yes No

If yes, please provide your agency and title.

Agency _____

Title _____

3. Are you currently an executive level position representative with optimum policy-making authority from programs carried out under Title I of the Rehabilitation Act?

Yes No

If yes, please provide your agency and title.

Agency _____

Title _____

4. Are you currently an executive level position representative with optimum policy-making authority from an agency or entity administering programs serving the local area relating to Transportation, Housing and Public Assistance?

Yes No

If yes, please provide your agency and title.

Agency _____

Title _____

5. Are you currently an executive level position representative with optimum policy-making authority from a Philanthropic organization looking to participate and invest in the public workforce development system?

Yes No

If yes, please provide your organization and title.

Organization Hannah Brown Community Development Corporation

Title Namesake and current CDC Committee Member

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
 - i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Hannah Brown

Applicant's Name (Please print)

Hannah Brown

Signature of Applicant

April 1, 2015

Date

WIOA Board composition

"Shall" include:

- | | | |
|---|---------------|----|
| • Business | (51% minimum) | 10 |
| • Labor | (20% minimum) | 4 |
| • Adult Education under Title II | | 1 |
| • Higher Education | | 1 |
| • Economic/Community Development | | 1 |
| • Wagner-Peyser Act | | 1 |
| • Vocational Rehabilitation under Title I | | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.

General Section

Name John M Martin

Address [REDACTED]

City, State, ZIP [REDACTED]

Phone Number [REDACTED] Alternate Phone Number [REDACTED]

Email Address [REDACTED] Alternate Email Address [REDACTED]

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

The Department of Juvenile Justice Services has several programs that are federally funded. Medicaid Targeted Case Management, Nutrikids, and numerous smaller grants are federal pass through dollars that directly impact the youth and families we serve.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

The Department of Juvenile Justice Services partners directly with numerous entities that provide direct services to our youth and families. Youth Advocate Program, Nevada Partners, and Hospitality International all provide workforce related training to our specific population.

workforce CONNECTIONS
PEOPLE. PARTNERSHIPS. POSSIBILITIES.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

The Department of Juvenile Justice Services serves over 15,000+ youth and families annually predominantly from under served geographic areas. We are well practiced at connecting youth and families to necessary services to divert them from continued contact with the justice system to include employment

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section D (Economic or Community Development Entity / State Employment Service-Wagner Peyser Act / Vocational Rehabilitation Title I / Transportation, Housing or Public Assistance Agency / Philanthropic Organization)

1. Are you currently in an executive level position with optimum policy-making authority for an economic/community development entity?

Yes No

If yes, please provide your agency and title.

Agency Clark County Department of Juvenile Justice Services

Title Director

2. Are you currently an executive level position representative with optimum policy-making authority from the state employment service office under the Wagner-Peyser Act?

Yes No

If yes, please provide your agency and title.

Agency _____

Title _____

3. Are you currently an executive level position representative with optimum policy-making authority from programs carried out under Title I of the Rehabilitation Act?

Yes No

If yes, please provide your agency and title.

Agency _____

Title _____

4. Are you currently an executive level position representative with optimum policy-making authority from an agency or entity administering programs serving the local area relating to Transportation, Housing and Public Assistance?

Yes No

If yes, please provide your agency and title.

Agency _____

Title _____

5. Are you currently an executive level position representative with optimum policy-making authority from a Philanthropic organization looking to participate and invest in the public workforce development system?

Yes No

If yes, please provide your organization and title.

Organization _____

Title _____

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
 - i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

John M. Martin

Applicant's Name (Please print)

Signature of Applicant

02.18.15

Date

WIOA Board composition

"Shall" include:

- | | |
|---|----|
| • Business (51% minimum) | 10 |
| • Labor (20% minimum) | 4 |
| • Adult Education under Title II | 1 |
| • Higher Education | 1 |
| • Economic/Community Development | 1 |
| • Wagner-Peyser Act | 1 |
| • Vocational Rehabilitation under Title I | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.

General Section

Name Janice John

Address [REDACTED]

City, State, ZIP [REDACTED]

Phone Number [REDACTED] Alternate Phone Numb [REDACTED]

Email Address [REDACTED] Alternate Email Address N/A

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

As the Deputy Administrator of the Nevada Rehabilitation Division I implement and evaluate operational procedures and practices for compliance with all policy and procedure requirements pertaining to the delivery of vocational rehabilitation services to eligible individuals with disabilities statewide.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

In my role as the Deputy Administrator I implement and evaluate operational procedures and practices for compliance with all policy and procedure requirements pertaining to the delivery of vocational rehabilitation services to eligible individuals with disabilities statewide. I assist in the development of the

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

Working knowledge and understanding of the Workforce Innovation and Opportunity Act (WIOA). It is the mission of Vocational Rehabilitation to bring Nevadans together to promote barrier -free communities in which individuals with disabilities have access to opportunities for quality work and self

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section D (Economic or Community Development Entity / State Employment Service-Wagner Peyser Act / Vocational Rehabilitation Title I / Transportation, Housing or Public Assistance Agency / Philanthropic Organization)

1. Are you currently in an executive level position with optimum policy-making authority for an economic/community development entity?

Yes No

If yes, please provide your agency and title.

Agency _____

Title _____

2. Are you currently an executive level position representative with optimum policy-making authority from the state employment service office under the Wagner-Peyser Act?

Yes No

If yes, please provide your agency and title.

Agency _____

Title _____

3. Are you currently an executive level position representative with optimum policy-making authority from programs carried out under Title I of the Rehabilitation Act?

Yes No

If yes, please provide your agency and title.

Agency State of Nevada, Bureau of Vocational Rehabilitation

Title Deputy Administrator

4. Are you currently an executive level position representative with optimum policy-making authority from an agency or entity administering programs serving the local area relating to Transportation, Housing and Public Assistance?

Yes No

If yes, please provide your agency and title.

Agency _____

Title _____

5. Are you currently an executive level position representative with optimum policy-making authority from a Philanthropic organization looking to participate and invest in the public workforce development system?

Yes No

If yes, please provide your organization and title.

Organization _____

Title _____

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
- i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Janice John

Applicant's Name (Please print)

Janice John
Signature of Applicant

03/26/2015

Date

WIOA Board composition

"Shall" include:

- | | |
|---|----|
| • Business (51% minimum) | 10 |
| • Labor (20% minimum) | 4 |
| • Adult Education under Title II | 1 |
| • Higher Education | 1 |
| • Economic/Community Development | 1 |
| • Wagner-Peyser Act | 1 |
| • Vocational Rehabilitation under Title I | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.

BRIAN SANDOVAL
GOVERNOR



DON SODERBERG
DIRECTOR

OFFICE OF THE DIRECTOR

March 26, 2015

Commissioner Lawrence Weekly, Chair
*workforce*CONNECTIONS – Local Elected Officials Consortium
c/o 6330 West Charleston Blvd., Suite 150
Las Vegas, NV 89146

Re: *workforce*CONNECTIONS Board of Directors Nomination – Janice John

Dear Commissioners Weekly,

Pursuant to the Workforce Investment Act (WIA), Section 117(b)(2)(iv) and the Workforce Innovations and Opportunities Act (WIOA) 113-128, Section 107, please accept the nomination by the Department of Employment, Training and Rehabilitation (DETR) to appoint Janice John, Deputy Administrator for the Rehabilitation Division, DETR, to serve on the *workforce*CONNECTIONS Board of Directors. Ms. John is applying for the required partners that carry out programs or activities as described in WIA, Section 121(b)(1)(B); (b)(2)(B); and, §662.200, specifically **Vocational Rehabilitation**.

As Deputy Administrator, Ms. John has the leadership and management responsibility for overseeing Vocational Rehabilitation matters, programs and activities throughout the State of Nevada. Her experience and expertise in Vocational Rehabilitation are vast, and Ms. John will be most beneficial in helping shape *workforce*CONNECTIONS services oversight, and our State's planning initiatives.

If you have any questions regarding this nomination, please do not hesitate in contacting me.

Sincerely,

Don Soderberg
Director

cc: Dennis A. Perea, Deputy Director, DETR
Shelley Hendren, Administrator, Rehabilitation Division, DETR
Ardell Galbreth, Executive Director, *workforce*CONNECTIONS
Valerie Murzl, Board Chair
Lynn Castro, Executive Assistant to the Director, DETR

General Section

Name Jerrie E. Merritt

Address [REDACTED]

City, State, ZIP [REDACTED]

Phone Number [REDACTED] Alternate Phone Number [REDACTED]

Email Address [REDACTED] Alternate Email Address [REDACTED]

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

I have served 37 years in the financial services industry. 32 years in Nevada serving business client. Bank of Nevada is the 4th largest business bank in Las Vegas.

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section A-1 (Business)

1. Are you currently a local business owner, or C-level/SVP-level executive of a local business/employer with optimum policy-making authority?

Yes No

If yes, please provide your company/business and title.

Company/Business Bank of Nevada

Title Senior Vice President

2. Does your company/business currently provide employment opportunities in our Local Workforce Investment Area (LWIA)? This encompasses the counties of Clark, Lincoln, Esmeralda and Nye.

Yes No

If yes, how many are hired annually?

In 2014 the company hired 81 employees in the local workforce investment area

3. Does your company/business currently hire in-demand occupations in Nevada's targeted industry sectors?

Yes No

If yes, which one? (Please check all that apply)

- Aerospace and Defense
 Agriculture
 Clean Energy
 Health & Medical Services
 Information Technology
 Logistics and Operations
 Manufacturing
 Mining
 Tourism, Gaming and Entertainment

4. Do you currently exercise hiring authority in your company/business?

Yes No

If yes, how many of the annual hires do you oversee?

5. Do you currently exercise budget authority in your company/business?

Yes No

If yes, please check the range.

- \$0 – 99,999
 \$100,000 – 999,999
 \$1,000,000 and above

6. How many employees does your company/business currently have?

2-49

50-249

250 and above

7. Is your company/business held to the affirmative action requirements?

Yes No

If yes, please describe your role.

N/A

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:
Current Board Member

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
- i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

workforce CONNECTIONS

PEOPLE. PARTNERSHIPS. POSSIBILITIES.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Jerrie E. Merritt

Applicant's Name (Please print)

J. Merritt

Signature of Applicant

3-2-2014

Date

WIOA Board composition

"Shall" include:

- | | | |
|---|---------------|----|
| • Business | (51% minimum) | 10 |
| • Labor | (20% minimum) | 4 |
| • Adult Education under Title II | | 1 |
| • Higher Education | | 1 |
| • Economic/Community Development | | 1 |
| • Wagner-Peyser Act | | 1 |
| • Vocational Rehabilitation under Title I | | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.

General Section

Name Karl Maisner

Address: [REDACTED]

City, State, ZIP [REDACTED]

Phone Number [REDACTED] Alternate Phone Number [REDACTED]

Email Address: [REDACTED] Alternate Email Address [REDACTED]

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?
 Yes No
If yes, please define.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?
 Yes No
If yes, please describe your personal expertise with workforce development systems.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

13 years in business has provided us with hundreds of trusted business relationships which I can rely on to help make Workforce Connections a stronger organization. Personally, I have served on several boards and would draw from this experience to benefit the organization.

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section A-1 (Business)

1. Are you currently a local business owner, or C-level/SVP-level executive of a local business/employer with optimum policy-making authority?

Yes No

If yes, please provide your company/business and title.

Company/Business KMJ 2.0 LLC d/b/a KMJ Web Design

Title Owner

2. Does your company/business currently provide employment opportunities in our Local Workforce Investment Area (LWIA)? This encompasses the counties of Clark, Lincoln, Esmeralda and Nye.

Yes No

If yes, how many are hired annually?

1 - 2

3. Does your company/business currently hire in-demand occupations in Nevada's targeted industry sectors?

Yes No

If yes, which one? (Please check all that apply)

- Aerospace and Defense
 Agriculture
 Clean Energy
 Health & Medical Services
 Information Technology
 Logistics and Operations
 Manufacturing
 Mining
 Tourism, Gaming and Entertainment

4. Do you currently exercise hiring authority in your company/business?

Yes No

If yes, how many of the annual hires do you oversee?

All hires

5. Do you currently exercise budget authority in your company/business?

Yes No

If yes, please check the range.

- \$0 – 99,999
 \$100,000 – 999,999
 \$1,000,000 and above

6. How many employees does your company/business currently have?

2-49

50-249

250 and above

7. Is your company/business held to the affirmative action requirements?

Yes

No

If yes, please describe your role.

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
- i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Karl Maisner

Applicant's Name (Please print)



Signature of Applicant

02/16/2015

Date

WIOA Board composition

"Shall" include:

- | | |
|---|----|
| • Business (51% minimum) | 10 |
| • Labor (20% minimum) | 4 |
| • Adult Education under Title II | 1 |
| • Higher Education | 1 |
| • Economic/Community Development | 1 |
| • Wagner-Peyser Act | 1 |
| • Vocational Rehabilitation under Title I | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.

General Section

Name Karl Rostron

Address [REDACTED]

City, State, ZIP [REDACTED]

Phone Number [REDACTED] Alternate Phone Number [REDACTED]

Email Address: [REDACTED] Alternate Email Address [REDACTED]

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

Sanpete County Utah, Training Coordinator for 10 years
Administering STPA & WIA Funds for the
UTAH Department of Work Force Services

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

Same as Above

workforce CONNECTIONS
PEOPLE. PARTNERSHIPS. POSSIBILITIES.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

Over 15 years working with Job Training and Placement Programs.

Diamond Resorts is a large & growing company with many jobs across various sectors.

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section A-1 (Business)

1. Are you currently a local business owner, or C-level/SVP-level executive of a local business/employer with optimum policy-making authority?
 Yes No

If yes, please provide your company/business and title.

Company/Business _____
Title _____

2. Does your company/business currently provide employment opportunities in our Local Workforce Investment Area (LWIA)? This encompasses the counties of Clark, Lincoln, Esmeralda and Nye.

Yes No

If yes, how many are hired annually?

_____ 300 + _____

3. Does your company/business currently hire in-demand occupations in Nevada's targeted industry sectors?

Yes No

If yes, which one? (Please check all that apply)

- Aerospace and Defense
- Agriculture
- Clean Energy
- Health & Medical Services
- Information Technology
- Logistics and Operations
- Manufacturing
- Mining
- Tourism, Gaming and Entertainment

4. Do you currently exercise hiring authority in your company/business?

Yes No

If yes, how many of the annual hires do you oversee?

_____ 300 + _____

5. Do you currently exercise budget authority in your company/business?

Yes No

If yes, please check the range.

- \$0 - 99,999
- \$100,000 - 999,999
- \$1,000,000 and above

workforce **CONNECTIONS**
PEOPLE. PARTNERSHIPS. POSSIBILITIES.

6. How many employees does your company/business currently have?

2-49

50-249

250 and above

7. Is your company/business held to the affirmative action requirements?

Yes

No

If yes, please describe your role.

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
 - i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

workforce CONNECTIONS
PEOPLE. PARTNERSHIPS. POSSIBILITIES.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Karl Rostron
Applicant's Name (Please print)

[Signature]
Signature of Applicant

7/13/15
Date

WIOA Board composition

"Shall" include:

- Business (51% minimum) 10
- Labor (20% minimum) 4
- Adult Education under Title II 1
- Higher Education 1
- Economic/Community Development 1
- Wagner-Peyser Act 1
- Vocational Rehabilitation under Title I 1

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.

General Section

Name Kenneth C. Evans

Address [REDACTED]

City, State, Zip [REDACTED]

Phone Number [REDACTED] Alternate Phone Number [REDACTED]

Email Address [REDACTED] Alternate Email Address N/A

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

Yes, during my tenure as a Program Officer for Local Initiatives Support Corporation (L.I.S.C.), I was required to provide oversight and administratively process disbursements of HUD funds to four (4) community based organizations that were building homes for first-time homebuyers. Also, worked as an

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

The closest experience I have is military related. One of my first assignments required me to work with a small staff to develop, periodically update and implement a training plan and program for nearly 400 personnel assigned to Civil Engineering unit. Personnel were required to be trained in both their

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

As President of the Urban Chamber, I will be in a position to educate our member businesses on the various Workforce Connections programs and resources that could provide employees for our Urban Chamber businesses. At the same time, I will be able to give insight into the experience and type of skill

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section A-2 (Business Organization or Trade Association)

Note: To complete this section you must be nominated by a local business organization or business trade association. Please attach nomination letter

1. How many local businesses does your organization currently represent?
- 2-49
 50-249
 250 and above

2. Are you currently in an executive level position in your organization with optimum policy-making authority?

Yes No

If yes, please provide your organization and title.

Organization Urban Chamber of Commerce

Title President

3. Which special interests does your organization currently represent?

Our chamber is currently focused on working with stakeholders from both the public and private sector to create an environment that will produce increased procurement opportunities and revenue growth for the small and emerging businesses that make up the majority of our field of membership. As such,

4. Please list examples of advocacy or accomplishments over the last two years for your organization on behalf of the businesses you represent.

In January 2014, the Urban Chamber represented the business interests of several of our construction industry firms and professionals regarding the Disadvantaged Business Enterprise (DBE) participation rate being considered for use by the City of North Las Vegas. We successfully educated the elected

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
- i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Kenneth C. Evans

Applicant's Name (Please print)

Kenneth C. Evans

Signature of Applicant

1 Mar 2015

Date

WIOA Board composition

"Shall" include:

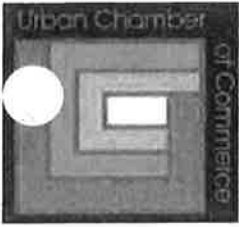
- | | |
|---|----|
| • Business (51% minimum) | 10 |
| • Labor (20% minimum) | 4 |
| • Adult Education under Title II | 1 |
| • Higher Education | 1 |
| • Economic/Community Development | 1 |
| • Wagner-Peyser Act | 1 |
| • Vocational Rehabilitation under Title I | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.



February 27, 2015

President

Kenneth C. Evans

Executive Board

Jerrie E. Merritt
Chair
Bank of Nevada

Shaundell Newsome
Vice Chair
Sumnu Marketing

Jackie Ingram
Treasurer
Wells Fargo Bank

Tony Gladney
Secretary
MGM Resorts International

Napoleon McCallum
Immediate Past Chair
Las Vegas Sands Corp

Board Members

Joe Coe
Marketing

Tanya Flanagan
Las Vegas Urban League
Young Professionals

Eric James
State Farm

LeVerne W. Kelley
The Learning Center

Craig Knight
KCEP FM 88.1

Lionel Newby
Las Vegas Fire & Rescue

Karl O. Riley
Snell & Wilmer LLP

Keith Rogers
UNLV Center for
Academic Enrichment

Tom Skancke
Las Vegas Global
Economic Alliance

Michelle E. Stewart

President Emeritus

Hannah Brown

Ms. Kenadie Cobbin-Richardson
Workforce Connections
6330 West Charleston Blvd. Suite 150
Las Vegas, NV 89146

Ms. Richardson:

I am writing this letter to officially nominate our President, Kenneth C. Evans, to be considered for designation and selection for the Workforce Connections Board of Directors on behalf of the Urban Chamber of Commerce. Mr. Evans is the senior executive for the Urban Chamber and works in concert with myself as the Chair of the Urban Chamber Board to provide direction and guidance for our organization. Therefore, we definitely support his participation on the Workforce Connections Board.

Respectfully,

A handwritten signature in black ink that reads "Jerrie E. Merritt". The signature is written in a cursive style with a long horizontal line extending to the right.

Jerrie E. Merritt
Chair

General Section

Name Leo Bleznitsky

Address [REDACTED]

City, State, ZIP [REDACTED]

Phone Number [REDACTED] Alternate Phone Number [REDACTED]

Email Address [REDACTED] Alternate Email Address [REDACTED]

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.
Having run an Information Technology company for close to 20 years I have a good understanding of what characteristics businesses need in employees. Additionally as a consultant, I speak with organizations in many industries about their challenges in hiring and finding qualified staff.

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section A-1 (Business)

1. Are you currently a local business owner, or C-level/SVP-level executive of a local business/employer with optimum policy-making authority?

Yes No

If yes, please provide your company/business and title.

Company/Business Business Continuity Technologies

Title Executive Vice President of Business Development and Security

2. Does your company/business currently provide employment opportunities in our Local Workforce Investment Area (LWIA)? This encompasses the counties of Clark, Lincoln, Esmeralda and Nye.

Yes No

If yes, how many are hired annually?

varies depending upon project needs.

3. Does your company/business currently hire in-demand occupations in Nevada's targeted industry sectors?

Yes No

If yes, which one? (Please check all that apply)

- Aerospace and Defense
 Agriculture
 Clean Energy
 Health & Medical Services
 Information Technology
 Logistics and Operations
 Manufacturing
 Mining
 Tourism, Gaming and Entertainment

4. Do you currently exercise hiring authority in your company/business?

Yes No

If yes, how many of the annual hires do you oversee?

Hiring is a team effort and I am one of the team. Expect to add 5 people this year.

5. Do you currently exercise budget authority in your company/business?

Yes No

If yes, please check the range.

\$0 – 99,999

\$100,000 – 999,999

\$1,000,000 and above

6. How many employees does your company/business currently have?

2-49

50-249

250 and above

7. Is your company/business held to the affirmative action requirements?

Yes

No

If yes, please describe your role.

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
- i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Leo Bletnitsky

Applicant's Name (Please print)

Signature of Applicant

3/23/2015

Date

WIOA Board composition

"Shall" include:

- | | | |
|---|---------------|----|
| • Business | (51% minimum) | 10 |
| • Labor | (20% minimum) | 4 |
| • Adult Education under Title II | | 1 |
| • Higher Education | | 1 |
| • Economic/Community Development | | 1 |
| • Wagner-Peyser Act | | 1 |
| • Vocational Rehabilitation under Title I | | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.

General Section

Name Liberty Leavitt

Address: _____

City, State, ZI _____

Phone Num: _____ Alternate Phone Num: _____

Email Address: _____ Alternate Email Address: _____

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

Very little, but this past year I have served on the Youth Council for Workforce Connections.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

I do not have the administrative oversight of federally funded programs, but I did work in career and technical education for seven years as a magnet coordinator, and had to work within the means of federal grants all of the time.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

I serve as the Graduation Initiative Coordinator for the Clark County School District. It is my job to target students on track not to graduate and find them the resources they need, including mentors, in order to graduate. Aside from the fact that you need a high school diploma or GED to even apply for most jobs,

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section E (Community/Faith Based Organization)

1. Are you currently an executive level position representative with optimum policy-making authority from a local educational agency or Community/Faith Based Organization (C/FBO)?

Yes No

If yes, please provide your organization and title.

Organization Clark County School District

Title Graduation Initiative Coordinator III

2. Does your local educational agency or C/FBO have expertise in addressing the employment and training needs of individuals with barriers to employment including veterans and individuals with disabilities?

Yes No

If yes, please describe the services offered by your local educational agency or C/FBO.

Yes and no. Obviously, we do not work with veterans at the district, but we do work with individuals with disabilities. We look at each case individually and provide career and technical education as well as any services each student needs in order to be successful.

3. Does your local educational agency or C/FBO have with expertise in addressing the employment, training or education needs of youth eligible for Workforce Innovation and Opportunity Act (WIOA) services?

Yes No

If yes, please describe the services offered by your organization.

CCSD has worked tirelessly to find, engage, and graduate students who have dropped out of school. They have worked alone and with other providers to reengage these students and provide them with the services they need in order to be successful. Students have the opportunity to work on academic

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

I am not sure if the current MOU we (the district/Reclaim Your Future) have with Workforce Connections, NPI, and Help constitutes a conflict of interest. I wasn't sure if that would apply to the second box. I also sit on

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
- i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Liberty Leavitt

Applicant's Name (Please print)

Signature of Applicant

March 2, 2015

Date

WIOA Board composition

"Shall" include:

- | | |
|---|----|
| • Business (51% minimum) | 10 |
| • Labor (20% minimum) | 4 |
| • Adult Education under Title II | 1 |
| • Higher Education | 1 |
| • Economic/Community Development | 1 |
| • Wagner-Peyser Act | 1 |
| • Vocational Rehabilitation under Title I | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.

General Section

Name Louis DeSalvo

Address [REDACTED]

City, State, ZIP [REDACTED]

Phone Number [REDACTED] Alternate Phone Number [REDACTED]

Email Address [REDACTED] Alternate Email Address N/A

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

Yes, at Laborers Local #872 Training Trust we Utilize and administer the use of Federally Funded Programs.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

Yes, I have personal experience as it pertains to both the oversight to Federally Funded Programs and the administrating of such programs for the past (11) years.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

As a Previous business owner for (10) years and the Assistant Training Director for Laborers Local #872 for the last (11) years to present. I bring a Multitude of education and diversity to this board, both in an educational, and ownership standpoint.

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section A-1 (Business)

1. Are you currently a local business owner, or C-level/SVP-level executive of a local business/employer with optimum policy-making authority?

Yes No

If yes, please provide your company/business and title.

Company/Business N/A

Title N/A

2. Does your company/business currently provide employment opportunities in our Local Workforce Investment Area (LWIA)? This encompasses the counties of Clark, Lincoln, Esmeralda and Nye.

Yes No

If yes, how many are hired annually?

Laborers Local #872, and Laborers Local#872 Training Trust

3. Does your company/business currently hire in-demand occupations in Nevada's targeted industry sectors?

Yes No

If yes, which one? (Please check all that apply)

- Aerospace and Defense
- Agriculture
- Clean Energy
- Health & Medical Services
- Information Technology
- Logistics and Operations
- Manufacturing
- Mining
- Tourism, Gaming and Entertainment

4. Do you currently exercise hiring authority in your company/business?

Yes No

If yes, how many of the annual hires do you oversee?

5. Do you currently exercise budget authority in your company/business?

Yes No

If yes, please check the range.

\$0 – 99,999

\$100,000 – 999,999

\$1,000,000 and above

6. How many employees does your company/business currently have?

- 2-49
 50-249
 250 and above

7. Is your company/business held to the affirmative action requirements?

- Yes No

If yes, please describe your role.

We, at S.N. Laborers Local #872 follow all Federal & State (eoc)Affirmative action requirements.

Section A-2 (Business Organization or Trade Association)

Note: To complete this section you must be nominated by a local business organization or business trade association. Please attach nomination letter

1. How many local businesses does your organization currently represent?
- 2-49
 50-249
 250 and above

2. Are you currently in an executive level position in your organization with optimum policy-making authority?
- Yes No

If yes, please provide your organization and title.

Organization S.N. Laborers Local#872 Training Trust

Title Assistant Training Director

3. Which special interests does your organization currently represent?

Providing the services that Local #872 Training Trust provides reaches out to all organizations thru out the community both Business and out reach programs.

4. Please list examples of advocacy or accomplishments over the last two years for your organization on behalf of the businesses you represent.

Laborers Local #872 Training Trust will create, and get accredited curriculum in all aspects of the construction industry. It is our goal, both thru staff and the facility to meet or exceed the goal set forth by employers as it pertains to there constant demand in this industry.

Section B (Labor Organization)

1. Does your organization currently represent local labor?

Yes No

If yes, please check which one.

Journeymen
 Apprenticeship

2. How many members does your organization currently represent?

2-49
 50-249
 250 and above

3. Are you currently in an executive level position in your organization with optimum policy-making authority?

Yes No

If yes, please provide your organization and title.

Organization S.N. Laborers Local#872 Training Trust

Title Assistant Training Director

4. Which special interests does your organization represent?

We currently work with and or are willing to work with any special interest that is a 501(c3) and is willing to help in the assistance and or placement of our Journeyman and Apprentices.

5. Please list examples of advocacy or accomplishments over the last two years for your organization on behalf of the members you represent.

We have worked with many advocacy groups, however to name a few, March of Dimes, Nevada Partners, as well as those with a 501(c3).

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

Mark Edgel, Dan Rose, these two Gentleman are part of the workforce investment board. These two Gentleman are friends as well as provide the same services to the community as employers that I do

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
 - i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Louis DeSalvio

Applicant's Name (Please print)

Signature of Applicant

Louis Desalvio

Date 2/16/2015

WIOA Board composition

"Shall" include:

- | | |
|---|----|
| • Business (51% minimum) | 10 |
| • Labor (20% minimum) | 4 |
| • Adult Education under Title II | 1 |
| • Higher Education | 1 |
| • Economic/Community Development | 1 |
| • Wagner-Peyser Act | 1 |
| • Vocational Rehabilitation under Title I | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.



LiUNA!

Laborers' Local No. 872

2345 Red Rock Street ■ Las Vegas, NV 89146 ■ Phone (702) 452-4440 ■ Fax (702) 452-4262

February 13, 2015

TOMMY WHITE

*Business Manager
Secretary Treasurer*

Southern Nevada Work Force Investment Board
1127 S. Rancho Drive
Las Vegas, NV 89102

DAVID "MCUNION"

MCCUNE
President

Re: Lou DeSalvio

To Whom It May Concern:

MARCO HERNANDEZ

Vice-President

Please accept this letter recommending Lou DeSalvio as an outstanding candidate for Board Member to the Southern Nevada Work Force Investment Board.

"BIG LOU" DESALVIO

Recording Secretary

Lou DeSalvio is the Training Director for Southern Nevada Laborers Training Trust and has proven to be resourceful, reliable, aggressive, and a natural leader. I believe he will be an outstanding asset to the Board.

Should you have any questions, please feel free to contact me.

ARCHIE WALDEN

Executive Board

Sincerely,

Thomas White
Business Manager-Secretary Treasurer

MIKE DaSILVA
Executive Board

MARK EDGEL
Executive Board

JOE DELUCCIA
Sergeant-At-Arms

EDDIE RAMIREZ
Auditor

HENRY BAKER
Auditor

DOUG TWILLIGEAR
Auditor



Feel the Power

General Section

Name LOUIS LOUPIAS

Address [REDACTED]

City, State, ZIP [REDACTED]

Phone Number [REDACTED] Alternate Phone Number [REDACTED]

Email Address [REDACTED] Alternate Email Address [REDACTED]

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

I am currently the Coordinator for the Operating Engineers training program /JATC and it is a state and federal approved training program. I believe with the resources and knowledge of the program can help individuals into the construction field

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section B (Labor Organization)

1. Does your organization currently represent local labor?

Yes No

If yes, please check which one.

Journeymen

Apprenticeship

2. How many members does your organization currently represent?

2-49

50-249

250 and above

3. Are you currently in an executive level position in your organization with optimum policy-making authority?

Yes No

If yes, please provide your organization and title.

Organization Southern Nevada Operating Engineers /JATC Local #12

Title Apprenticeship Coordinator

4. Which special interests does your organization represent?

Heavy Equipment

5. Please list examples of advocacy or accomplishments over the last two years for your organization on behalf of the members you represent.

A Successfully worked with NDOT,RTC, F Street Coalition, Nevada Partners, High School's, CSN, We are required to work with the community for Affirmative action requirements.

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain: _____

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
 - i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Louis Loupias

Applicant's Name (Please print)

Louis Loupias

Signature of Applicant

02/18/2015

Date

WIOA Board composition

"Shall" include:

- | | |
|---|----|
| • Business (51% minimum) | 10 |
| • Labor (20% minimum) | 4 |
| • Adult Education under Title II | 1 |
| • Higher Education | 1 |
| • Economic/Community Development | 1 |
| • Wagner-Peyser Act | 1 |
| • Vocational Rehabilitation under Title I | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.



**SOUTHERN NEVADA OPERATING ENGINEERS
JOURNEYMAN & APPRENTICE TRAINING COMMITTEE**

6350 HOWDY WELLS AVENUE
LAS VEGAS, NEVADA 89115
PHONE (702) 643-1212
FAX (702) 643-1213



LARRY L. HOPKINS
DIRECTOR OF TRAINING



April 8, 2015

Ms. Suzanne Potter, Board Administrator
Workforce Connections
6330 West Charleston Blvd., Ste. #150
Las Vegas, NV 89146

RE: Nomination of Louis Loupias

Ms. Potter:

I would like to nominate Louis Loupias for consideration to the Workforce Connection Board.

His position in our organization is Coordinator and in addition to overlooking the whole aspect of the apprenticeship program for southern Nevada, he also plays a critical role in public relations through outreach programs such as career fairs and contacting organizations interested in promoting apprenticeship in our trade.

He has worked with various community organizations such as Nevada Partners, Southern Nevada Western Apprenticeship Coordinators Association (SNWACA), F Street Coalition, Regional Transportation Commission of Southern Nevada (RTC), and the Nevada Department of Transportation (NDOT). He is dedicated to inspiring young men and women into the construction industry.

Sincerely,

Larry L. Hopkins
Director of Training



Email: spotter@solvwc.org

Fax: (702) 636-4375

General Section

Name: Maggie Arias-Petrel

Address

City, State, ZIP Las Vegas, NV 89158

Phone Number

Alternate Phone Number _____

Email Address

Address _____

Alternate Email

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

____ Adult and Dislocated Worker Committee

X Youth Council

____ Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

____ Yes ____ No

If yes, please define.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

____ Yes ____ No

If yes, please describe your personal expertise with workforce development systems.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section A-1 (Business)

1. Are you currently a local business owner, or C-level/SVP-level executive of a local business/employer with optimum policy-making authority?

Yes No

If yes, please provide your company/business and title.

Company/Business Global Professional Legal & Medical Consulting, Inc.

Title President CEO

2. Does your company/business currently provide employment opportunities in our Local Workforce Investment Area (LWIA)? This encompasses the counties of Clark, Lincoln, Esmeralda and Nye.

Yes No

If yes, how many are hired annually? 15 employees

3. Does your company/business currently hire in-demand occupations in Nevada's targeted industry sectors?

Yes No

If yes, which one? (Please check all that apply)

Aerospace and Defense

Agriculture

Clean Energy

Health & Medical Services

Information Technology

Logistics and Operations

Manufacturing

Mining

Tourism, Gaming and Entertainment

4. Do you currently exercise hiring authority in your company/business?

Yes No

If yes, how many of the annual hires do you oversee?

60 hires

5. Do you currently exercise budget authority in your company/business?

Yes No

If yes, please check the range.

\$0 – 99,999

\$100,000 – 999,999

\$1,000,000 and above

6. How many employees does your company/business currently have?

2-49

50-249

250 and above

7. Is your company/business held to the affirmative action requirements?

Yes No

If yes, please describe your role.

Organization _____

Title _____

Section E (Community/Faith Based Organization)

1. Are you currently an executive level position representative with optimum policymaking authority from a local educational agency or Community/Faith Based Organization (C/FBO)?

Yes No

If yes, please provide your organization and title.

Organization _____

Title _____

2. Does your local educational agency or C/FBO have expertise in addressing the employment and training needs of individuals with barriers to employment including veterans and individuals with disabilities?

Yes No

If yes, please describe the services offered by your local educational agency or C/FBO.

3. Does your local educational agency or C/FBO have with expertise in addressing the employment, training or education needs of youth eligible for Workforce Innovation and Opportunity Act (WIOA) services?

Yes No

If yes, please describe the services offered by your organization.

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

Have Relatives Working for Workforce Connections

Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)

Any Partnership(s) with Workforce Connections Local Elected Officials

I currently have no partnership with any Board or Staff member of Workforce Connections

___ Other - Please Explain:

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
 - i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

___ Yes ___X___ No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Maggie Arias-Petrel

Applicant's Name (Please print)

Maggie Arias-Petrel

Signature of Applicant

03-02-2014

Date

General Section

Name Mark Keller

Address _____

City, State, ZI _____

Phone Num Alternate Phone Number _____

Email Ad Alternate Email Address _____

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

I am the founder and President of Steamatic Las Vegas. My company has been serving Southern Nevada for two decades.

I am a Board Member for the Nevada Professional Facility Managers Association (NPFMA). The NPFMA is local industry/trade association with over

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section A-1 (Business)

1. Are you currently a local business owner, or C-level/SVP-level executive of a local business/employer with optimum policy-making authority?

Yes No

If yes, please provide your company/business and title.

Company/Business Steamatic Las Vegas

Title Founder & President

2. Does your company/business currently provide employment opportunities in our Local Workforce Investment Area (LWIA)? This encompasses the counties of Clark, Lincoln, Esmeralda and Nye.

Yes No

If yes, how many are hired annually?

5-10

3. Does your company/business currently hire in-demand occupations in Nevada's targeted industry sectors?

Yes No

If yes, which one? (Please check all that apply)

- Aerospace and Defense
 Agriculture
 Clean Energy
 Health & Medical Services
 Information Technology
 Logistics and Operations
 Manufacturing
 Mining
 Tourism, Gaming and Entertainment

4. Do you currently exercise hiring authority in your company/business?

Yes No

If yes, how many of the annual hires do you oversee?

5-10

5. Do you currently exercise budget authority in your company/business?

Yes No

If yes, please check the range.

\$0 – 99,999

\$100,000 – 999,999

\$1,000,000 and above

6. How many employees does your company/business currently have?

2-49

50-249

250 and above

7. Is your company/business held to the affirmative action requirements?

Yes No

If yes, please describe your role.

As President of the company I oversee and am ultimately responsible for all Human Resources matters.

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
- i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Mark Keller

Applicant's Name (Please print)

Signature of Applicant

3-25-2015

Date

WIOA Board composition

"Shall" include:

- | | | |
|---|---------------|----|
| • Business | (51% minimum) | 10 |
| • Labor | (20% minimum) | 4 |
| • Adult Education under Title II | | 1 |
| • Higher Education | | 1 |
| • Economic/Community Development | | 1 |
| • Wagner-Peyser Act | | 1 |
| • Vocational Rehabilitation under Title I | | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.

General Section

Name Marvin L. Gebers
Address _____
City, State, ZIP _____
Phone Num. _____ Alternate Phone Num. _____
Email Address _____ Alternate Email Address _____

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

- Adult and Dislocated Worker Committee
- Youth Council
- Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?
 Yes No
If yes, please define.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?
 Yes No
If yes, please describe your personal expertise with workforce development systems.

workforce **CONNECTIONS**
LEARNING • TOOLS • SUPPORT • TRAINING

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

I am the newly elected Secretary/Treasurer for the Southern Nevada Western Apprenticeship Coordinators Association (SNWACA). As such, I have readily available communications to 15 other Building Trades Apprenticeship Programs that allow me to communicate and further disseminate your goals, objectives and

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section B (Labor Organization)

1. Does your organization currently represent local labor?

Yes No

If yes, please check which one.

Journeymen

Apprenticeship

2. How many members does your organization currently represent?

2-49

50-249

250 and above

3. Are you currently in an executive level position in your organization with optimum policy-making authority?

Yes No

If yes, please provide your organization and title.

Organization Plasterers & Cement Masons Join Apprenticeship Training Committee

Title Director of Training

4. Which special interests does your organization represent?

The education and skill development of individual's desiring to become a plasterer or cement mason. Under the SNWACA umbrella, add 15 other building trade programs accomplishing the same goal of turning unskilled individuals into trade-specific skilled craftsmen or women.

5. Please list examples of advocacy or accomplishments over the last two years for your organization on behalf of the members you represent.

Under the SNWACA umbrella, all building trades apprenticeship programs combine their outreach efforts by attending Job Fairs/Career Day functions held at (1) various Clark county School District establishments, (2) One Stop/Employment Center Outreach efforts, (3) Military-sponsored outreach

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections

- Other - Please Explain:
SNWACA has relationships with employees associated with Nevada Workforce Connections One Stop, Nevada Workforce Connections YouthBuild. Employees of these group are associate members of

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
 - i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Marvin L. Gebers

Applicant's Name (Please print)

Marvin L. Gebers
Signature of Applicant

3/3/2015
Date

WIOA Board composition

"Shall" include:

- Business (51% minimum) 10
- Labor (20% minimum) 4
- Adult Education under Title II 1
- Higher Education 1
- Economic/Community Development 1
- Wagner-Peyser Act 1
- Vocational Rehabilitation under Title I 1

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.



Operative Plasterers & Cement Masons INTERNATIONAL LOCAL 797



March 9, 2015

SUBJ: LETTER OF RECOMMENDATION

Workforce Board Members,

I am pleased to provide this letter of recommendation for Marvin Gebers. Marvin has been the Training Director for the Operative Plasterers' & Cement Masons' International Union Local 797 since the beginning of 2004. Since being hired, Mr. Gebers has brought our training department to a new level with his organizational and leadership skills. His attention to detail and record keeping has been vital in the progress we have seen. I am pleased to give the highest recommendation for Marvin Gebers to serve on your Board.

Please feel free to contact me if you should have any questions regarding this matter. Thank you.

Sincerely,

Marc Leavitt
Business Manager/Financial Secretary

General Section

Name Michael A. Vannozzi

Address [REDACTED]

City, State, ZIP [REDACTED]

Phone Num [REDACTED] Alternate Phone Num [REDACTED]

Email Address [REDACTED] Alternate Email Address [REDACTED]

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

While not direct experience in the administration of programs, I have worked with dozens of agencies and grantees to help resolve administrative issues and facilitate successful grant endeavors.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

Pursuant to the Workforce Innovation and Opportunity Act of 2014, organizations like Workforce Connections must align with local economic development entities. As the author of Southern Nevada's Comprehensive Economic Development Strategy and a member of the LVGEA's strategy &

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section D (Economic or Community Development Entity / State Employment Service-Wagner Peyser Act / Vocational Rehabilitation Title I / Transportation, Housing or Public Assistance Agency / Philanthropic Organization)

1. Are you currently in an executive level position with optimum policy-making authority for an economic/community development entity?
Yes No
If yes, please provide your agency and title.
Agency Las Vegas Global Economic Alliance
Title Director of Public Policy

2. Are you currently an executive level position representative with optimum policy-making authority from the state employment service office under the Wagner-Peyser Act?
 Yes No
If yes, please provide your agency and title.
Agency _____
Title _____

3. Are you currently an executive level position representative with optimum policy-making authority from programs carried out under Title I of the Rehabilitation Act?
 Yes No
If yes, please provide your agency and title.
Agency _____
Title _____

4. Are you currently an executive level position representative with optimum policy-making authority from an agency or entity administering programs serving the local area relating to Transportation, Housing and Public Assistance?
 Yes No
If yes, please provide your agency and title.
Agency _____
Title _____

5. Are you currently an executive level position representative with optimum policy-making authority from a Philanthropic organization looking to participate and invest in the public workforce development system?
 Yes No
If yes, please provide your organization and title.
Organization _____
Title _____

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain: _____

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
- i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Michael A. Vannozzi

Applicant's Name (Please print)

Signature of Applicant

February 6, 2015

Date

WIOA Board composition

"Shall" include:

- | | |
|---|----|
| • Business (51% minimum) | 10 |
| • Labor (20% minimum) | 4 |
| • Adult Education under Title II | 1 |
| • Higher Education | 1 |
| • Economic/Community Development | 1 |
| • Wagner-Peyser Act | 1 |
| • Vocational Rehabilitation under Title I | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.

General Section

Name Mujahid Ramadan

Address [REDACTED]

City, State, ZIP [REDACTED]

Phone Number [REDACTED] Alternate Phone Number [REDACTED]

Email Address [REDACTED] Alternate Email Address [REDACTED]

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

Former founding Executive Director of NV Partner's.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

Former Executive Director at NV Partners who researched grants and supervised staff of more than 25. Provided services for unemployed youth and adults. Designed the welfare to work program.

orkforce CONNECTIONS
PUBLIC WORKFORCE DEVELOPMENT SYSTEM

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.
A comprehensive working knowledge of the needs of youth to gain employment skills for the 21st century.

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section E (Community/Faith Based Organization)

- 1. Are you currently an executive level position representative with optimum policy-making authority from a local educational agency or Community/Faith Based Organization (C/FBO)?

Yes No

If yes, please provide your organization and title.

Organization Interfaith Council of Southern NV

Title Executive Board Member

- 2. Does your local educational agency or C/FBO have expertise in addressing the employment and training needs of individuals with barriers to employment including veterans and individuals with disabilities?

Yes No

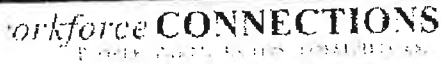
If yes, please describe the services offered by your local educational agency or C/FBO.

- 3. Does your local educational agency or C/FBO have with expertise in addressing the employment, training or education needs of youth eligible for Workforce Innovation and Opportunity Act (WIOA) services?

Yes No

If yes, please describe the services offered by your organization.

We identify needs of high risk youth and re-entry populations and refer them to various religious service organizations for individual and group counseling and support. Additionally, we provide diversity awareness for youth populations.



Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
 - i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

workforce CONNECTIONS

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Mujahid Ramadan

Applicant's Name (Please print)

Mujahid Ramadan
Signature of Applicant

March 11, 2015

Date

WIOA Board composition

"Shall" include:

- Business (51% minimum) 10
- Labor (20% minimum) 4
- Adult Education under Title II 1
- Higher Education 1
- Economic/Community Development 1
- Wagner-Peyser Act 1
- Vocational Rehabilitation under Title I 1

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.

General Section

Name Paul Brandt

Address [REDACTED]

City, State, ZIP [REDACTED]

Phone Number [REDACTED] Alternate Phone Number _____

Email Address [REDACTED] Alternate Email Address _____

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

Personal - 20+ years experience across industries, including management consulting, systems engineering, automotive, airline and renewable energy.

Company - Leader in the renewable energy field, using cutting-edge innovation

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section A-1 (Business)

1. Are you currently a local business owner, or C-level/SVP-level executive of a local business/employer with optimum policy-making authority?

Yes No

If yes, please provide your company/business and title.

Company/Business SolarCity

Title Vice President, Customer Account Management Group

2. Does your company/business currently provide employment opportunities in our Local Workforce Investment Area (LWIA)? This encompasses the counties of Clark, Lincoln, Esmeralda and Nye.

Yes No

If yes, how many are hired annually?

Since coming to the Las Vegas area in mid-2013, we have hired ~1,000 employees

3. Does your company/business currently hire in-demand occupations in Nevada's targeted industry sectors?

Yes No

If yes, which one? (Please check all that apply)

- Aerospace and Defense
 Agriculture
 Clean Energy
 Health & Medical Services
 Information Technology
 Logistics and Operations
 Manufacturing
 Mining
 Tourism, Gaming and Entertainment

4. Do you currently exercise hiring authority in your company/business?

Yes No

If yes, how many of the annual hires do you oversee?

200 - 300 employees

5. Do you currently exercise budget authority in your company/business?

Yes No

If yes, please check the range.

- \$0 - 99,999
 \$100,000 - 999,999
 \$1,000,000 and above

orkforce CONNECTIONS
PEOPLE. PARTNERSHIPS. POSSIBILITIES.

6. How many employees does your company/business currently have?

2-49

50-249

250 and above

7. Is your company/business held to the affirmative action requirements?

Yes

No

If yes, please describe your role.

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
 - i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No


If yes, please provide an attached letter explaining your potential conflict of interest.

Workforce CONNECTIONS
PEOPLE. PARTNERSHIPS. POSSIBILITIES.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Paul Brandt

Applicant's Name (Please print)



Signature of Applicant

2/18/15

Date

WIOA Board composition

"Shall" include:

- | | |
|---|----|
| • Business (51% minimum) | 10 |
| • Labor (20% minimum) | 4 |
| • Adult Education under Title II | 1 |
| • Higher Education | 1 |
| • Economic/Community Development | 1 |
| • Wagner-Peyser Act | 1 |
| • Vocational Rehabilitation under Title I | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.

General Section

Name Rebecca Henry

Address [REDACTED]

City, State, ZIP [REDACTED]

Phone Number [REDACTED] Alternate Phone Number [REDACTED]

Email Address [REDACTED] Alternate Email Address [REDACTED]

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

workforce CONNECTIONS
PEOPLE. PARTNERSHIPS. POSSIBILITIES.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

Experience with privately funded administration/oversight programs and privately funded employment/training programs.

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section A-1 (Business)

1. Are you currently a local business owner, or C-level/SVP-level executive of a local business/employer with optimum policy-making authority?
 Yes No

If yes, please provide your company/business and title.

Company/Business Allegiant Air, LLC
Title Vice President, People

2. Does your company/business currently provide employment opportunities in our Local Workforce Investment Area (LWIA)? This encompasses the counties of Clark, Lincoln, Esmeralda and Nye.
 Yes No

If yes, how many are hired annually?

400-600 hires annually

3. Does your company/business currently hire in-demand occupations in Nevada's targeted industry sectors?
 Yes No

If yes, which one? (Please check all that apply)

- Aerospace and Defense
- Agriculture
- Clean Energy
- Health & Medical Services
- Information Technology
- Logistics and Operations
- Manufacturing
- Mining
- Tourism, Gaming and Entertainment

4. Do you currently exercise hiring authority in your company/business?
 Yes No

If yes, how many of the annual hires do you oversee?

100% of annual hires

5. Do you currently exercise budget authority in your company/business?
 Yes No

If yes, please check the range.

- \$0 - 99,999
- \$100,000 - 999,999
- \$1,000,000 and above

6. How many employees does your company/business currently have?

- 2-49
 50-249
 250 and above

7. Is your company/business held to the affirmative action requirements?

- Yes No

If yes, please describe your role.

Program oversight - reporting, analysis, compliance, education. 12 reportable locations each with unique AA goals and requirements.

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
 - i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

workforce CONNECTIONS
PEOPLE. PARTNERSHIPS. POSSIBILITIES.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Rebecca Henry
Applicant's Name (Please print)

[Signature]
Signature of Applicant

3-2-15
Date

WIOA Board composition

"Shall" include:

- Business (51% minimum) 10
- Labor (20% minimum) 4
- Adult Education under Title II 1
- Higher Education 1
- Economic/Community Development 1
- Wagner-Peyser Act 1
- Vocational Rehabilitation under Title I 1

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.

General Section

Name Renee L. Olson

Address [REDACTED]

City, State, ZI [REDACTED]

Phone Number [REDACTED] Alternate Phone Number [REDACTED]

Email Address [REDACTED] Alternate Email Address [REDACTED]

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

I have been the administrator of the Employment Security Division for three years. I am responsible for program and budgetary direction of the following federal programs from the US Department of Labor: Wagner Peyser - Labor Exchange, Workforce Innovation and Opportunity Act, Trade Act, Workforce

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

Please refer to question 1.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

Administrative and statutory authority over state workforce development and training programs, professional leadership experience with federal and state program administration and fiscal accountability, member of the Nevada Employment Security Council, member of the state Library and Literacy

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section D (Economic or Community Development Entity / State Employment Service-Wagner Peyser Act / Vocational Rehabilitation Title I / Transportation, Housing or Public Assistance Agency / Philanthropic Organization)

1. Are you currently in an executive level position with optimum policy-making authority for an economic/community development entity?

Yes No

If yes, please provide your agency and title.

Agency _____

Title _____

2. Are you currently an executive level position representative with optimum policy-making authority from the state employment service office under the Wagner-Peyser Act?

Yes No

If yes, please provide your agency and title.

Agency Department of Employment, Training and Rehabilitation, Employment Security Division

Title Administrator, Employment Security Division

3. Are you currently an executive level position representative with optimum policy-making authority from programs carried out under Title I of the Rehabilitation Act?

Yes No

If yes, please provide your agency and title.

Agency _____

Title _____

4. Are you currently an executive level position representative with optimum policy-making authority from an agency or entity administering programs serving the local area relating to Transportation, Housing and Public Assistance?

Yes No

If yes, please provide your agency and title.

Agency _____

Title _____

5. Are you currently an executive level position representative with optimum policy-making authority from a Philanthropic organization looking to participate and invest in the public workforce development system?

Yes No

If yes, please provide your organization and title.

Organization _____

Title _____

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
 - i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

workforce CONNECTIONS

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Renee L. Olson

Applicant's Name (Please print)

Renee L. Olson

Signature of Applicant

03/09/2015

Date

WIOA Board composition

"Shall" include:

- | | | |
|---|---------------|----|
| • Business | (51% minimum) | 10 |
| • Labor | (20% minimum) | 4 |
| • Adult Education under Title II | | 1 |
| • Higher Education | | 1 |
| • Economic/Community Development | | 1 |
| • Wagner-Peyser Act | | 1 |
| • Vocational Rehabilitation under Title I | | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.

General Section

Name Rob Mallery

Address [REDACTED]

City, State, ZIP [REDACTED]

Phone Number [REDACTED] Alternate Phone Number [REDACTED]

Email Address [REDACTED] Alternate Email Address [REDACTED]

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

I'm the VP of Talent for Originate. We are a Bay-area based software product venture firm with 140 elite level software engineers, designers, product and business specialists and entrepreneurs. We have built probably the best software development team in Las Vegas and I am intimately familiar with the

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section A-1 (Business)

1. Are you currently a local business owner, or C-level/SVP-level executive of a local business/employer with optimum policy-making authority?
 Yes No
If yes, please provide your company/business and title.
Company/Business Originate
Title VP of Talent

2. Does your company/business currently provide employment opportunities in our Local Workforce Investment Area (LWIA)? This encompasses the counties of Clark, Lincoln, Esmeralda and Nye.
 Yes No
If yes, how many are hired annually?
As many as we can find at the talent bar we need. If we could hire 100 people

3. Does your company/business currently hire in-demand occupations in Nevada's targeted industry sectors?
 Yes No
If yes, which one? (Please check all that apply)
 Aerospace and Defense
 Agriculture
 Clean Energy
 Health & Medical Services
 Information Technology
 Logistics and Operations
 Manufacturing
 Mining
 Tourism, Gaming and Entertainment

4. Do you currently exercise hiring authority in your company/business?
 Yes No
If yes, how many of the annual hires do you oversee?
75+

5. Do you currently exercise budget authority in your company/business?
 Yes No
If yes, please check the range.
 \$0 – 99,999
 \$100,000 – 999,999
 \$1,000,000 and above

6. How many employees does your company/business currently have?

2-49

50-249

250 and above

7. Is your company/business held to the affirmative action requirements?

Yes

No

If yes, please describe your role.

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
 - i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Rob Mallery

Applicant's Name (Please print)

Signature of Applicant

3/23/2015

Date

WIOA Board composition

"Shall" include:

- | | | |
|---|---------------|----|
| • Business | (51% minimum) | 10 |
| • Labor | (20% minimum) | 4 |
| • Adult Education under Title II | | 1 |
| • Higher Education | | 1 |
| • Economic/Community Development | | 1 |
| • Wagner-Peyser Act | | 1 |
| • Vocational Rehabilitation under Title I | | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.

General Section

Name Sonja Holloway

Address [REDACTED]

City, State, ZIP [REDACTED]

Phone Number [REDACTED] Alternate Phone Number [REDACTED]

Email Address [REDACTED] Alternate Email Address [REDACTED]

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?
 Yes No
If yes, please define.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?
 Yes No
If yes, please describe your personal expertise with workforce development systems.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

My organization will bring career technical training programs to young adults with an opportunity to earn industry recognized certifications. Students will also earn a high school diploma or GED.

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section C (Educational Entity)

1. Are you currently in an executive level position with optimum policy-making authority for an institution administering adult education and literacy activities under Title II?

Yes No

If yes, please provide your institution and title.

Institution OACTS Manager

Title OACTS Manager

2. Are you currently in an executive level position with optimum policy-making authority in an institution of Higher Education?

Yes No

If yes, please provide your institution and title.

Institution _____

Title OACTS Manager

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
 - i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

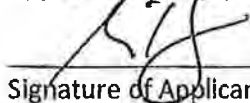
Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Sonja Holloway

Applicant's Name (Please print)



Signature of Applicant

2/18/2015

Date

WIOA Board composition

"Shall" include:

- | | |
|---|----|
| • Business (51% minimum) | 10 |
| • Labor (20% minimum) | 4 |
| • Adult Education under Title II | 1 |
| • Higher Education | 1 |
| • Economic/Community Development | 1 |
| • Wagner-Peyser Act | 1 |
| • Vocational Rehabilitation under Title I | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.

General Section

Name Tobias Hoppe

Address [REDACTED]

City, State, ZIP [REDACTED]

Phone Number [REDACTED] Alternate Phone Number [REDACTED]

Email Address [REDACTED] Alternate Email Address [REDACTED]

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

We would be able to offer employment opportunities, success stories of hired workforce Connections referrals, and potentially even RDI Corporation resources such as web design/web development/market research/contact center services.

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section A-1 (Business)

1. Are you currently a local business owner, or C-level/SVP-level executive of a local business/employer with optimum policy-making authority?

Yes No

If yes, please provide your company/business and title.

Company/Business RDI Corporation- Henderson

Title Site Director

2. Does your company/business currently provide employment opportunities in our Local Workforce Investment Area (LWIA)? This encompasses the counties of Clark, Lincoln, Esmeralda and Nye.

Yes No

If yes, how many are hired annually?

Approximately 200 employees.

3. Does your company/business currently hire in-demand occupations in Nevada's targeted industry sectors?

Yes No

If yes, which one? (Please check all that apply)

- Aerospace and Defense
 Agriculture
 Clean Energy
 Health & Medical Services
 Information Technology
 Logistics and Operations
 Manufacturing
 Mining
 Tourism, Gaming and Entertainment

4. Do you currently exercise hiring authority in your company/business?

Yes No

If yes, how many of the annual hires do you oversee?

I oversee all employees at our Henderson location.

5. Do you currently exercise budget authority in your company/business?

Yes No

If yes, please check the range.

\$0 – 99,999

\$100,000 – 999,999

\$1,000,000 and above

6. How many employees does your company/business currently have?

2-49

50-249

250 and above

7. Is your company/business held to the affirmative action requirements?

Yes No

If yes, please describe your role.

I oversee the human resources department, but I am not directly involved in the compliance aspect.

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

I count on LeRoy Bilal and One Stop Career Services to send me qualified candidates for employment whenever possible.

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
- i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Tobias E. Hoppe

Applicant's Name (Please print)

Signature of Applicant

2/21/2015

Date

WIOA Board composition

"Shall" include:

- | | |
|---|----|
| • Business (51% minimum) | 10 |
| • Labor (20% minimum) | 4 |
| • Adult Education under Title II | 1 |
| • Higher Education | 1 |
| • Economic/Community Development | 1 |
| • Wagner-Peyser Act | 1 |
| • Vocational Rehabilitation under Title I | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.

AS A DEDICATED MEMBER OF THE SOUTHERN NEVADA WORKFORCE INVESTMENT BOARD FOR THE LAST (13) THIRTEEN YEARS, I WOULD LIKE TO CONTIONUE TO SERVE AS A RURAL REPRESENTATIVE FOR RURAL AND SOUTHERN NEVADA.

AS A PAST POSTMASTER IN TOTOPAH, PIOCHE, AND CALIENTE NEVADA, AND AS OFFICER IN CHARGE OF THE OVERTON POST OFFICE IN OVERTON NEVADA, I AM WELL AWARE OF THE YOUTH AND WORK STATUS OF RESIDENTS IN RURAL NEVADA.

AS A MEMBER OF THE CALIENTE CITY COUNCIL, (9 YEARS OF THIS AS MAYOR) I HAVE PERSONAL EXPERIENCE OF OVERSEEING FEDERAL AND STATE FUNDED PROGRAMS AND GRANTS. ALSO IN THE (12) TWELVE YEARS I SERVED AS COUNTY COMMISSIONER FOR LINCOLN COUNTY (4 YEARS AS CHAIRMAN OF THE BOARD) I GAINED PERSONAL EXPERIENCE IN ADMINISTRATION/OVERSIGHT OF FEDERALLY AND STATE FUNDED PROGRAMS.

IF RE-APPOINTED TO THIS BOARD, WILL CONTIONUE TO BE DEDICATED.

General Section

Name George T. (Tommy) Rowe

Address [REDACTED]

City, State, ZIP: [REDACTED]

Phone Number [REDACTED] Alternate Phone Number [REDACTED]

Email Address: [REDACTED] Alternate Email Address [REDACTED]

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?
 Yes No
If yes, please define.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?
 Yes No
If yes, please describe your personal expertise with workforce development systems.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

As a retired County Commissioner for 12 years, and Member of the Caliente City Council for 16 years, I have worked with many State and Federal grants, also as Postmaster in Tonopah, Caliente, and Pioche Nevada, I am well aware of the rural problems in smaller communities of the Southern part of the state.

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section D (Economic or Community Development Entity / State Employment Service-Wagner Peyser Act / Vocational Rehabilitation Title I / Transportation, Housing or Public Assistance Agency / Philanthropic Organization)

1. Are you currently in an executive level position with optimum policy-making authority for an economic/community development entity?

Yes No

If yes, please provide your agency and title.

Agency _____

Title _____

2. Are you currently an executive level position representative with optimum policy-making authority from the state employment service office under the Wagner-Peyser Act?

Yes No

If yes, please provide your agency and title.

Agency _____

Title _____

3. Are you currently an executive level position representative with optimum policy-making authority from programs carried out under Title I of the Rehabilitation Act?

Yes No

If yes, please provide your agency and title.

Agency _____

Title _____

4. Are you currently an executive level position representative with optimum policy-making authority from an agency or entity administering programs serving the local area relating to Transportation, Housing and Public Assistance?

Yes No

If yes, please provide your agency and title.

Agency _____

Title _____

5. Are you currently an executive level position representative with optimum policy-making authority from a Philanthropic organization looking to participate and invest in the public workforce development system?

Yes No

If yes, please provide your organization and title.

Organization _____

Title _____

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
 - i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

George T. (Tommy) Rowe

Applicant's Name (Please print)

George T. Rowe

Signature of Applicant

Date

03/04/2015

WIOA Board composition

"Shall" include:

- | | | |
|---|---------------|----|
| • Business | (51% minimum) | 10 |
| • Labor | (20% minimum) | 4 |
| • Adult Education under Title II | | 1 |
| • Higher Education | | 1 |
| • Economic/Community Development | | 1 |
| • Wagner-Peyser Act | | 1 |
| • Vocational Rehabilitation under Title I | | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.

General Section

Name Valerie Murz

Address _____

City, State, ZIP _____

Phone Number _____ Alternate Phone Number _____

Email Address _____ Alternate Email Address _____

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

workforce CONNECTIONS
PEOPLE. PARTNERSHIPS. POSSIBILITIES.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

Oversee Recruitment/Employment of 12,000 employment opportunities at any given time with approximately 3,000 openings annually.

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational and Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section A-1 (Business)

1. Are you currently a local business owner, or C-level/SVP-level executive of a local business/employer with optimum policy-making authority?

Yes No

If yes, please provide your company/business and title.

Company/Business Station Casinos, LLC

Title Senior Vice President, Human Resources/TRAINING

2. Does your company/business currently provide employment opportunities in our Local Workforce Investment Area (LWIA)? This encompasses the counties of Clark, Lincoln, Esmeralda and Nye.

Yes No

If yes, how many are hired annually?

3,000

3. Does your company/business currently hire in-demand occupations in Nevada's targeted industry sectors?

Yes No

If yes, which one? (Please check all that apply)

- Aerospace and Defense
- Agriculture
- Clean Energy
- Health & Medical Services
- Information Technology
- Logistics and Operations
- Manufacturing
- Mining
- Tourism, Gaming and Entertainment

4. Do you currently exercise hiring authority in your company/business?

Yes No

If yes, how many of the annual hires do you oversee?

3,000

5. Do you currently exercise budget authority in your company/business?

Yes No

If yes, please check the range.

- \$0 - 99,999
- \$100,000 - 999,999
- \$1,000,000 and above

workforce CONNECTIONS
PEOPLE. PARTNERSHIPS. POSSIBILITIES.

6. How many employees does your company/business currently have?

- 2-49
 50-249
 250 and above

7. Is your company/business held to the affirmative action requirements?

- Yes No

If yes, please describe your role.

AA Officer

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain:

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
 - i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

workforce CONNECTIONS
PEOPLE. PARTNERSHIPS. POSSIBILITIES.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Valerie Murz
Applicant's Name (Please print)

Valerie Murz
Signature of Applicant

3/2/15
Date

WIOA Board composition

"Shall" include:

- | | | |
|---|---------------|----|
| • Business | (51% minimum) | 10 |
| • Labor | (20% minimum) | 4 |
| • Adult Education under Title II | | 1 |
| • Higher Education | | 1 |
| • Economic/Community Development | | 1 |
| • Wagner-Peyser Act | | 1 |
| • Vocational Rehabilitation under Title I | | 1 |

Minimum Total 19

"May" also include:

- Local Educational Agency
- Community Based Organization
- Transportation
- Housing Public Assistance
- Philanthropic Organization

Minimum member totals from Business and Labor increase every time a member is added from the "May" list. Use the Member List Matrix and Composition Calculator to estimate totals.

General Section

Name VIDA CHAN LIN
Address [REDACTED]
City, State, ZIP [REDACTED]
Phone Number [REDACTED] Alternate Phone Number [REDACTED]
Email Address [REDACTED] Alternate Email Address [REDACTED]

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

Adult and Dislocated Worker Committee

Youth Council

Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes No

If yes, please define.

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes No

If yes, please describe your personal expertise with workforce development systems.

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

Training and outreach

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational/Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section A-1 (Business)

1. Are you currently a local business owner, or C-level/SVP-level executive of a local business/employer with optimum policy-making authority?

Yes No

If yes, please provide your company/business and title.

Company/Business Vida and Associates

Title President

2. Does your company/business currently provide employment opportunities in our Local Workforce Investment Area (LWIA)? This encompasses the counties of Clark, Lincoln, Esmeralda and Nye.

Yes No

If yes, how many are hired annually? 2

3. Does your company/business currently hire in-demand occupations in Nevada's targeted industry sectors?

Yes No

If yes, which one? (Please check all that apply)

Aerospace and Defense

Agriculture

Clean Energy

Health & Medical Services

Information Technology

Logistics and Operations

Manufacturing

Mining

Tourism, Gaming and Entertainment

4. Do you currently exercise hiring authority in your company/business?

Yes No

If yes, how many of the annual hires do you oversee?

5. Do you currently exercise budget authority in your company/business?

Yes No

If yes, please check the range.

\$0 – 99,999

\$100,000 – 999,999

\$1,000,000 and above

6. How many employees does your company/business currently have?

2-49

50-249

250 and above

7. Is your company/business held to the affirmative action requirements?

Yes No

If yes, please describe your role.

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain: _____

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
 - i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

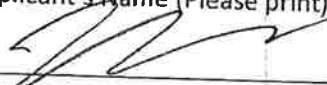
1. Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

VIDA CHOW LIN
Applicant's Name (Please print)


Signature of Applicant

2/2/15
Date

General Section

Name Willie J. Fields Jr.

Address _____

City, State, ZIP _____

Phone Number _____ Alternate Phone Number _____

Email Address _____ Alternate Email Address _____

All Board Members are required to actively serve on at least one standing committee. Please indicate which current standing committee you choose to participate in if appointed by the Local Elected Official Consortium:

____ Adult and Dislocated Worker Committee

Youth Council

____ Budget and Finance Committee

1. Do you have personal experience in the administration/oversight of federally funded programs?

Yes _____ No

If yes, please define.

SERVED AS CHAIR HEALTH and HUMAN SERVICES
OUT PATIENT CLINICS
CHAIR DEPT OF ENERGY YUCCA MT PROJECT
FORMER CHAIR of Youth Council WIA

2. Do you have personal experience in the administration/oversight of federally funded employment and training programs?

Yes _____ No

If yes, please describe your personal expertise with workforce development systems.

Former Member workforce Board

3. Please describe what resources you personally and/or your company/organization will bring to the public workforce development system.

ORGANIZATION SKILLS
FINANCIAL KNOWLEDGE OF BUSINESS
COMMUNITY OUTREACH

4. Which one of the following board membership categories do you represent?

- Business (Section A-1)
- Business Organization or Trade Association (Section A-2)
- Labor Organization (Section B)
- Educational/Training Entity (Section C)
- Community/Faith Based Organization (Section E)
- Economic or Community Development Entity (Section D)
- State Employment Service - Wagner Peyser Act (Section D)
- Vocational Rehabilitation Title I (Section D)
- Transportation, Housing or Public Assistance Agency (Section D)
- Philanthropic Organization (Section D)

Please proceed to complete the section that you checked.

Section A-1 (Business)

1. Are you currently a local business owner, or C-level/SVP-level executive of a local business/employer with optimum policy-making authority?

Yes No

If yes, please provide your company/business and title.

Company/Business VEGAS SHOE
Title OWNER

2. Does your company/business currently provide employment opportunities in our Local Workforce Investment Area (LWIA)? This encompasses the counties of Clark, Lincoln, Esmeralda and Nye.

Yes No

If yes, how many are hired annually?

3. Does your company/business currently hire in-demand occupations in Nevada's targeted industry sectors?

Yes No

If yes, which one? (Please check all that apply)

- Aerospace and Defense
 Agriculture
 Clean Energy
 Health & Medical Services
 Information Technology
 Logistics and Operations
 Manufacturing
 Mining
 Tourism, Gaming and Entertainment

4. Do you currently exercise hiring authority in your company/business?

Yes No

If yes, how many of the annual hires do you oversee?

All

5. Do you currently exercise budget authority in your company/business?

Yes No

If yes, please check the range.

\$0 – 99,999

\$100,000 – 999,999

\$1,000,000 and above

6. How many employees does your company/business currently have?

2-49

50-249

250 and above

7. Is your company/business held to the affirmative action requirements?

Yes No

If yes, please describe your role.

I am the PERSON that hires.

Conflict of Interest Guidance and Acknowledgement Certification

Your current relationship with Workforce Connections (Check all that apply)

- Have Relatives Working for Workforce Connections
- Any Partnership(s) with Workforce Connections Staff or Board Members (Current/active contracts or vendor business)
- Any Partnership(s) with Workforce Connections Local Elected Officials
- I currently have no partnership with any Board or Staff member of Workforce Connections
- Other - Please Explain: _____

Conflict of Interest

A member of a local board may not:

- a) Vote on a matter under consideration by the local board:
 - i. Regarding the provision of services by such member (or by entity that such member represents); or
 - ii. That would provide direct financial benefit to such member or the immediate family of such a member; or
- b) Engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.


1. Will your appointment/reappointment to Workforce Connections potentially violate any of the criteria listed above?

Yes No

If yes, please provide an attached letter explaining your potential conflict of interest.

I certify that the statements provided are, to the best of my knowledge, true, complete and correct. If appointed/reappointed, I understand that any misrepresentation or material omission of fact on this or any other document required by Workforce Connections may be considered as constituting grounds for disqualification and/or dismissal.

Willie D. Fields Jr.
Applicant's Name (Please print)


Signature of Applicant

24 Feb 2015
Date