

RESUME

CONSIDERATION OF APPOINTMENTS – BOARDS, COMMISSIONS,
COMMITTEES, AUTHORITIES:RESOLUTION OF APPOINTMENT(S):

RESOLUTION; FOUR APPOINTMENTS – CRATER REGIONAL
WORKFORCE DEVELOPMENT BOARD

There are four nominees for your consideration to the Crater Regional Workforce Development Board.

Board of Supervisors
County of Prince George, Virginia

Resolution

At a regular meeting of the Board of Supervisors of the County of Prince George held in the Boardroom, Third Floor, County Administration Building, 6602 Courts Drive, Prince George, Virginia this 14th day of May, 2019.

Present:

Donald R. Hunter, Chairman
Floyd M. Brown, Jr., Vice-Chairman
Alan R. Carmichael
Marlene J. Waymack
T. J. Webb

Vote:

A-8B

On motion of M. _____, seconded by M. _____, which carried unanimously, the following Resolution was adopted:

RESOLUTION; APPOINTMENTS – CRATER REGIONAL WORKFORCE
DEVELOPMENT BOARD

NOW THEREFORE, BE RESOLVED That the Board of Supervisors of the County of Prince George this 14th day of May, 2019 does hereby appoint Ms. Amanda Wilson, Ms. Pamela O. Allen, Mr. Ramon V. Puzon, and Ms. Sheila R. Smith on the Crater Regional Workforce Development Board at the pleasure of the Board.

A Copy Teste:

Percy C. Ashcraft
County Administrator



**Commonwealth of Virginia
Workforce Innovation and Opportunity Act**

**NOMINATION FORM A
Local Workforce Development Board**

1-Name (First, MI, Last) Amanda Wilson		2-LWDA # 15	3-Date
4-Street Address 4495 Crossings Blvd		13-Nominee Characteristics	
5-City Prince George	6-County Prince George	Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	
7-State Virginia	8-ZIP 23875	Race:	
9-Home Phone (include area code) (434) 298-1022	10-Work Phone (include area code) (804) 452-0736	White <input type="checkbox"/> Black <input checked="" type="checkbox"/>	
11-FAX (804) 458-1182	12-E-Mail amanda.wilson@fortleecu.org	Hispanic <input type="checkbox"/> Amer. Indian <input type="checkbox"/>	
15-LWDA Name Crater Regional Workforce Development		Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/>	
16-Labor/ CBO/ Apprenticeship Representative		Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/>	
Title _____ Organization _____		14-Recommended for (see section number)	
17-Private Sector (Business) Representative		16- Labor/ CBO/ Apprenticeship <input type="checkbox"/>	
Title _____ VP Retail and Business Development		17- Private Sector (Business) <input checked="" type="checkbox"/>	
Business _____ Fort Lee Federal Credit Union		18- Title II AELA Provider <input type="checkbox"/>	
Type of Business _____ Financial Institution		19- Economic Development <input type="checkbox"/>	
18- Title II AELA Representative		20- VEC <input type="checkbox"/>	
Title _____	Institution _____	21- Community College <input type="checkbox"/>	
19-Economic Development Representative		22- VDARS <input type="checkbox"/>	
Title _____	Affiliation _____	23- Career & Technical Education <input type="checkbox"/>	
20-VEC Representative		24- Optional/ Other <input type="checkbox"/>	
Title _____	21-Community College Representative		
25-Nominator		Title _____	
<i>I hereby recommend the above-named person for membership on the Local Workforce Development Board.</i>		Institution _____	
Signature _____ Date _____	22-VDARS Representative		
Printed/Typed Name & Title of Nominator _____	Title _____		
Nominator Organization _____	23-Career & Technical Education Representative		
Phone _____ FAX _____	Title _____		
E-Mail _____	Affiliation _____		
	24-Optional/ Other Representative		
	Title _____		
	Affiliation _____		
	26-Action by Chief Local Elected Official		
	Subject to certification required by Section 107 of the Workforce Innovation and Opportunity Act of 2014 and Policy 99-2 (Revised April 16, 2015) of the Virginia Board of Workforce Development, the person nominated herein has been duly appointed to the Local Workforce Development Board by the Chief Elected Officials.		
	Term of Appointment: From _____ To _____		
	Signature of Chief Local Elected Official _____		Date _____



**Commonwealth of Virginia
Workforce Innovation and Opportunity Act**

**NOMINATION FORM A
Local Workforce Development Board**

1-Name (First, MI, Last) Pamela O. Allen		2-LWDA # 15	3-Date
4-Street Address 4701 owens Way, Suite 500		13-Nominee Characteristics	
5-City Prince George	6-County Prince George	Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	
7-State Virginia	8-ZIP 23875	Race:	
9-Home Phone (include area code) (804) 892-6570	10-Work Phone (include area code) (804) 446-3385	White <input type="checkbox"/> Black <input checked="" type="checkbox"/>	
11-FAX (804) 446-3466	12-E-Mail PAllen@accelelmentgroup.com	Hispanic <input type="checkbox"/> Amer. Indian <input type="checkbox"/>	
15-LWDA Name Crater Regional Workforce Development		Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/>	
16-Labor/ CBO/ Apprenticeship Representative		Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/>	
Title _____ Organization _____		14-Recommended for (see section number)	
17-Private Sector (Business) Representative		16- Labor/ CBO/ Apprenticeship <input type="checkbox"/>	
Title _____ CEO / Founder		17- Private Sector (Business) <input checked="" type="checkbox"/>	
Business <u>Accel Talent and Development Group</u>		18- Title II AELA Provider <input type="checkbox"/>	
Type of Business <u>Professional Staffing Agency</u>		19- Economic Development <input type="checkbox"/>	
18- Title II AELA Representative		20- VEC <input type="checkbox"/>	
Title _____	Institution _____	21- Community College <input type="checkbox"/>	
19-Economic Development Representative		22- VDARS <input type="checkbox"/>	
Title _____	Affiliation _____	23- Career & Technical Education <input type="checkbox"/>	
20-VEC Representative		24- Optional/ Other <input type="checkbox"/>	
Title _____	21-Community College Representative		
25-Nominator		Title _____	
<i>I hereby recommend the above-named person for membership on the Local Workforce Development Board.</i>		Institution _____	
Signature _____ Date _____	22-VDARS Representative		
Printed/Typed Name & Title of Nominator _____	Title _____		
Nominator Organization _____	23-Career & Technical Education Representative		
Phone _____ FAX _____	Title _____		
E-Mail _____	Affiliation _____		
	24-Optional/ Other Representative		
	Title _____		
	Affiliation _____		
	26-Action by Chief Local Elected Official		
	Subject to certification required by Section 107 of the Workforce Innovation and Opportunity Act of 2014 and Policy 99-2 (Revised April 16, 2015) of the Virginia Board of Workforce Development, the person nominated herein has been duly appointed to the Local Workforce Development Board by the Chief Elected Officials.		
	Term of Appointment: From _____ To _____		
	Signature of Chief Local Elected Official _____		Date _____



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**NOMINATION FORM A
Local Workforce Development Board**

1-Name (First, MI, Last) Ramon, V , Puzon		2-LWDA # 15	3-Date
4-Street Address 5850 Quality Way		13-Nominee Characteristics Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Race: White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Native Alaskan <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/>	
5-City Prince George	6-County Prince George		
7-State Virginia	8-ZIP 23875		
9-Home Phone (include area code) (804) 230-0593	10-Work Phone (include area code) (804) 518-1799		
11-FAX (804) 518-1799	12-E-Mail ramon.puzonescm-net.com	14-Recommended for (see section number) 16- Labor/ CBO/ Apprenticeship <input type="checkbox"/> 17- Private Sector (Business) <input checked="" type="checkbox"/> 18- Title II AELA Provider <input type="checkbox"/> 19- Economic Development <input type="checkbox"/> 20- VEC <input type="checkbox"/> 21- Community College <input type="checkbox"/> 22- VDARS <input type="checkbox"/> 23- Career & Technical Education <input type="checkbox"/> 24- Optional/ Other <input type="checkbox"/>	
15-LWDA Name Crater Regional Workforce Development			
16-Labor/ CBO/ Apprenticeship Representative			
Title _____ Organization _____			
17-Private Sector (Business) Representative		Yes No Minority-Owned Business <input type="checkbox"/> <input checked="" type="checkbox"/> Female-Owned Business <input type="checkbox"/> <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Number of Employees <u>215</u>	
Title _____ HR Manager			
Business <u>Service Center Metals</u>			
Type of Business <u>Manufacturing</u>			
18- Title II AELA Representative		21-Community College Representative	
Title _____		Title _____	
Institution _____		Institution _____	
19-Economic Development Representative		22-VDARS Representative	
Title _____		Title _____	
Affiliation _____			
20-VEC Representative		23-Career & Technical Education Representative	
Title _____		Title _____	
		Affiliation _____	
25-Nominator		24-Optional/ Other Representative	
<i>I hereby recommend the above-named person for membership on the Local Workforce Development Board.</i>		Title _____	
Signature _____ Date _____		Affiliation _____	
Printed/Typed Name & Title of Nominator _____		26-Action by Chief Local Elected Official	
Nominator Organization _____		Subject to certification required by Section 107 of the Workforce Innovation and Opportunity Act of 2014 and Policy 99-2 (Revised April 16, 2015) of the Virginia Board of Workforce Development, the person nominated herein has been duly appointed to the Local Workforce Development Board by the Chief Elected Officials.	
Phone _____ FAX _____		Term of Appointment: From _____ To _____	
E-Mail _____		Signature of Chief Local Elected Official _____ Date _____	



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**NOMINATION FORM A
Local Workforce Development Board**

1-Name (First, MI, Last) Sheila R. Smith		2-LWDA # 15	3-Date
4-Street Address 7070 Golf Course Dr		13-Nominee Characteristics Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Race: White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/>	
5-City Disputanta	6-County Prince George		
7-State Virginia	8-ZIP 23842		
9-Home Phone (include area code) (804) 590-1096	10-Work Phone (include area code) (804) 518-4203		
11-FAX (804) 862-8723	12-E-Mail SRSMITH@SMPCORP.COM	14-Recommended for (see section number) 16- Labor/ CBO/ Apprenticeship <input type="checkbox"/> 17- Private Sector (Business) <input checked="" type="checkbox"/> 18- Title II AELA Provider <input type="checkbox"/> 19- Economic Development <input type="checkbox"/> 20- VEC <input type="checkbox"/> 21- Community College <input type="checkbox"/> 22- VDARS <input type="checkbox"/> 23- Career & Technical Education <input type="checkbox"/> 24- Optional/ Other <input type="checkbox"/>	
15-LWDA Name Crater Regional Workforce Development			
16-Labor/ CBO/ Apprenticeship Representative Title _____ Organization _____			
17-Private Sector (Business) Representative Title _____ Director of Distribution Business _____ Standard Motor Products Type of Business _____ Automotive Aftermarket Parts			
18- Title II AELA Representative Title _____ Institution _____		Minority-Owned Business <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Female-Owned Business <input type="checkbox"/> <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Number of Employees _____ 500	
19-Economic Development Representative Title _____ Affiliation _____		21-Community College Representative Title _____ Institution _____	
20-VEC Representative Title _____		22-VDARS Representative Title _____	
25-Nominator <i>I hereby recommend the above-named person for membership on the Local Workforce Development Board.</i> Signature _____ Date _____ Printed/Typed Name & Title of Nominator _____ Nominator Organization _____ Phone _____ FAX _____ E-Mail _____		23-Career & Technical Education Representative Title _____ Affiliation _____	
		24-Optional/ Other Representative Title _____ Affiliation _____	
		26-Action by Chief Local Elected Official Subject to certification required by Section 107 of the Workforce Innovation and Opportunity Act of 2014 and Policy 99-2 (Revised April 16, 2015) of the Virginia Board of Workforce Development, the person nominated herein has been duly appointed to the Local Workforce Development Board by the Chief Elected Officials. Term of Appointment: From _____ To _____ Signature of Chief Local Elected Official _____ Date _____	