

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 28th 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:

T-2

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 IT RESOLVED That the Board of Supervisors of the County of Prince George this 28th 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 _____	21-Community College Representative		
Institution _____	Title _____		
19-Economic Development Representative		Institution _____	
Title _____	22-VDARS Representative		
Affiliation _____	Title _____		
20-VEC Representative		23-Career & Technical Education Representative	
Title _____	Title _____		
25-Nominator		Affiliation _____	
<i>I hereby recommend the above-named person for membership on the Local Workforce Development Board.</i>		24-Optional/ Other Representative	
Signature _____ Date _____		Title _____	
Printed/Typed Name & Title of Nominator _____		Affiliation _____	
Nominator Organization _____		26-Action by Chief Local Elected Official	
Phone _____ FAX _____		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.	
E-Mail _____		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 Gender: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Race: White <input type="checkbox"/> Black <input checked="" 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 Prince George	6-County Prince George		
7-State Virginia	8-ZIP 23875		
9-Home Phone (include area code) (804) 892-6570	10-Work Phone (include area code) (804) 446-3385		
11-FAX (804) 446-3466	12-E-Mail PAllen@accltalentgroup.com		
15-LWDA Name Crater Regional Workforce Development		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"/>	
16-Labor/ CBO/ Apprenticeship Representative		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"/>	
17-Private Sector (Business) Representative Title <u>CEO / Founder</u> Business <u>Accel Talent and Development Group</u> Type of Business <u>Professional Staffing Agency</u>		Yes No Minority-Owned Business <input checked="" type="checkbox"/> <input type="checkbox"/> Female-Owned Business <input checked="" type="checkbox"/> <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Number of Employees _____	
18- Title II AELA Representative		21-Community College Representative	
Title _____ Institution _____		Title _____ Institution _____	
19-Economic Development Representative		22-VDARS Representative	
Title _____ Affiliation _____		Title _____	
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> _____ <i>Signature</i> <i>Date</i> _____ <i>Printed/Typed Name & Title of Nominator</i> _____ <i>Nominator Organization</i> _____ <i>Phone</i> <i>FAX</i> _____ <i>E-Mail</i>		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 _____ _____ <i>Signature of Chief Local Elected Official</i> <i>Date</i>	



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

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			
Title _____ Institution _____			
19-Economic Development Representative		21-Community College Representative	
Title _____ Affiliation _____		Title _____ Institution _____	
20-VEC Representative		22-VDARS Representative	
Title _____		Title _____	
25-Nominator		23-Career & Technical Education Representative	
<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 _____		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	



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Workforce Innovation and Opportunity Act**

**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		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 checked="" type="checkbox"/> Rural <input type="checkbox"/> Number of Employees <u>500</u>	
Title _____ Director of Distribution			
Business <u>Standard Motor Products</u>			
Type of Business <u>Automotive Aftermarket Parts</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 _____	