

RESUME

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

RESOLUTION; TWO APPOINTMENTS – CRATER REGIONAL
WORKFORCE DEVELOPMENT BOARD

Two terms on the Crater Regional Workforce Development Board have expired and there are no current applications.

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 8th day of September, 2020.

Present:

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

Vote:

A-12

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

RESOLUTION; TWO APPOINTMENTS – CRATER REGIONAL
WORKFORCE DEVELOPMENT BOARD

NOW THEREFORE, BE IT RESOLVED That the Board of Supervisors of the County of Prince George this 8th day of September, 2020 does hereby appoint _____ and _____ on the Crater Regional Workforce Development Board at the pleasure of the Board.

A Copy Teste:

Percy C. Ashcraft
County Administrator

I NOMINATION FORM

1-Name (First, MI, Last)		2-LWDA #		3-Date	
4-Street Address			13-Nominee Characteristics Gender: Male <input 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 type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/>		
5-City	6-County				
7-State Virginia	8-ZIP				
9-Home Phone (include area code)	10-Work Phone (include area code)				
11-FAX	12-E-Mail				
15-LWDA Name			14-Recommended for (see section number)		
16-Labor/ CBO/ Apprenticeship Representative Title _____ Labor <input type="checkbox"/> CBO <input type="checkbox"/> Organization Registered Apprenticeship <input type="checkbox"/>			16- Labor/ CBO/ Apprenticeship <input type="checkbox"/> 17-Private Sector (Business) <input type="checkbox"/> 18-Education <input type="checkbox"/> 19-VEC <input type="checkbox"/> 20-Economic Development <input type="checkbox"/> 21-VDARS/VDBVI <input type="checkbox"/> 22-DSS <input type="checkbox"/> 23-Optional/Other <input type="checkbox"/>		
			17-Private Sector (Business) Representative		
18-Education Representative Title _____ Institution _____ Title II <input type="checkbox"/> Community College <input type="checkbox"/> Career & Technical Education <input type="checkbox"/>			19-VEC Representative Title _____		
20-Economic Development Representative Title _____			21-VDARS/VDBVI Representative Title _____		
24-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 _____ Email _____			22-DSS Representative Title _____		
			23-Optional/ Other Representative Title _____ Agency _____		
			25-Action by Chief Elected Official Subject to certification required by Section 107 of the Workforce Innovation and Opportunity Act of 2014 and Policy 200-04 (2016) (Revised July 1, 2016) of the Virginia Board for 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 Elected Official _____ Date _____		