

RECEIVED
MAY 14 2014
BY: TEAM SERVICES

Nomination/ Re-nomination Form

Board Member Name: Elizabeth Steinberg

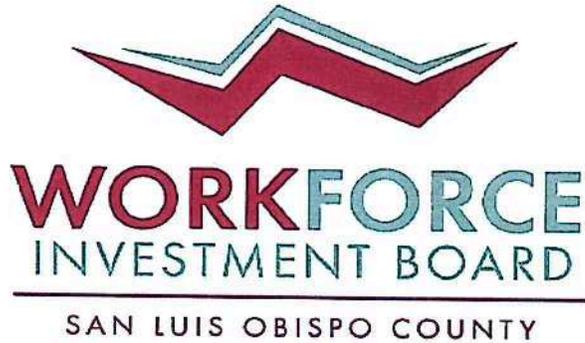
I represent the following seat/s on the WIB:

- | | |
|--|--|
| <input type="checkbox"/> Private-Sector Business | <input type="checkbox"/> Carl D. Perkins Vocational Program |
| <input type="checkbox"/> Local Education Entity | <input type="checkbox"/> NAFTA Program |
| <input type="checkbox"/> Labor Organization | <input type="checkbox"/> Veteran's Employment Program |
| <input type="checkbox"/> Economic Development Agencies | <input checked="" type="checkbox"/> Community Services Block Grant
Employment and Training Programs |
| <input checked="" type="checkbox"/> Community-Based Organization | <input type="checkbox"/> H.U.D. Employment and Training Programs |
- One-Stop Partners, Required**
- | | |
|--|---|
| <input type="checkbox"/> WIA Title 1 Program | <input type="checkbox"/> State Unemployment Compensation Programs |
| <input type="checkbox"/> Wagner Peyser Program | Additional One-Stop Partners |
| <input type="checkbox"/> Adult Education and Literacy Programs | <input type="checkbox"/> D.S.S. |
| <input type="checkbox"/> Vocational Rehabilitation Program | |
| <input type="checkbox"/> DOL Welfare-to-Work Program | |
| <input type="checkbox"/> Older Americans Act Program | |
| <input type="checkbox"/> Small Business Development Center | |

Nomination/ Re-nomination Options:

- I wish to remain on the Workforce Investment Board.
- I wish to let my term expire and leave the Workforce Investment Board.
- I wish to leave the Workforce Investment Board and nominate _____ as an alternate member from my organization. (This option only applicable for required One-Stop Partners.)
- I am resigning my position on the Workforce Investment Board, effective _____
My letter of resignation is attached.

Board Member Signature Elizabeth "Biz" Steuiley Date 5/13/14



Nomination/ Re-nomination Form

Board Member Name: Grace Schoch-Manzano

I represent the following seat/s on the WIB:

- | | |
|---|--|
| <input type="checkbox"/> Private-Sector Business
<input type="checkbox"/> Local Education Entity
<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Economic Development Agencies
<input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Carl D. Perkins Vocational Program
<input type="checkbox"/> NAFTA Program
<input type="checkbox"/> Veteran's Employment Program
<input type="checkbox"/> Community Services Block Grant Employment and Training Programs
<input type="checkbox"/> H.U.D. Employment and Training Programs
<input checked="" type="checkbox"/> State Unemployment Compensation Programs |
|---|--|

One-Stop Partners, Required

- WIA Title I Program
- Wagner Peyser Program
- Adult Education and Literacy Programs
- Vocational Rehabilitation Program
- DOL Welfare-to-Work Program
- Older Americans Act Program
- Small Business Development Center

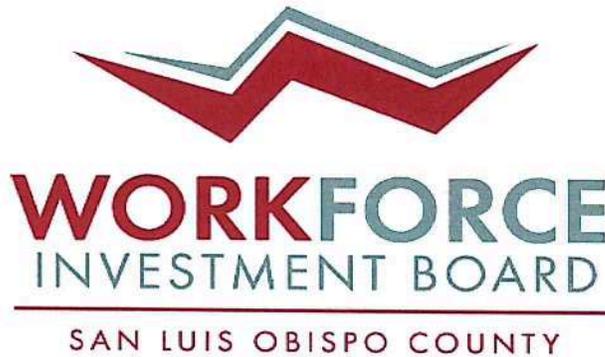
Additional One-Stop Partners

- D.S.S.

Nomination/ Re-nomination Options:

- I wish to remain on the Workforce Investment Board.
- I wish to let my term expire and leave the Workforce Investment Board.
- I wish to leave the Workforce Investment Board and nominate _____, as an alternate member from my organization. (This option only applicable for required One-Stop Partners.)
- I am resigning my position on the Workforce Investment Board, effective _____.
My letter of resignation is attached.

Board Member Signature Grace Schoch-Manzano **Date** 5/12/14



Nomination/ Re-nomination Form

Board Member Name: Charles Headington

I represent the following seat/s on the WIB:

- | | |
|--|--|
| <input type="checkbox"/> Private-Sector Business | <input type="checkbox"/> Carl D. Perkins Vocational Program |
| <input type="checkbox"/> Local Education Entity | <input type="checkbox"/> NAFTA Program |
| <input checked="" type="checkbox"/> Labor Organization | <input type="checkbox"/> Veteran's Employment Program |
| <input type="checkbox"/> Economic Development Agencies | <input type="checkbox"/> Community Services Block Grant Employment and Training Programs |
| <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> H.U.D. Employment and Training Programs |

One-Stop Partners, Required

- WIA Title I Program
- Wagner Peyser Program
- Adult Education and Literacy Programs
- Vocational Rehabilitation Program
- DOL Welfare-to-Work Program
- Older Americans Act Program
- Small Business Development Center

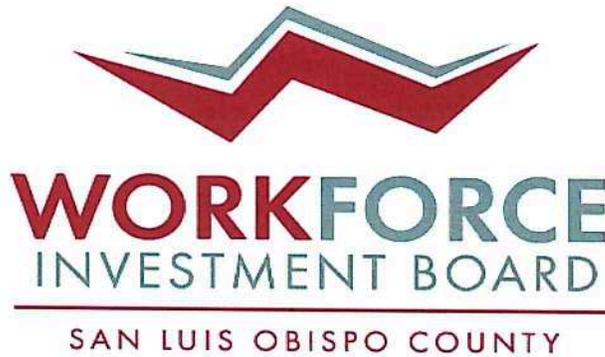
Additional One-Stop Partners

- D.S.S.

Nomination/ Re-nomination Options:

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- I wish to let my term expire and leave the Workforce Investment Board.
- I wish to leave the Workforce Investment Board and nominate _____, as an alternate member from my organization. (This option only applicable for required One-Stop Partners.)
- I am resigning my position on the Workforce Investment Board, effective _____.
My letter of resignation is attached.

Board Member Signature Charles Headington **Date** MAY 12, 2014



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BY: TEAM SERVICES

Nomination/ Re-nomination Form

Board Member Name: Aline Graham

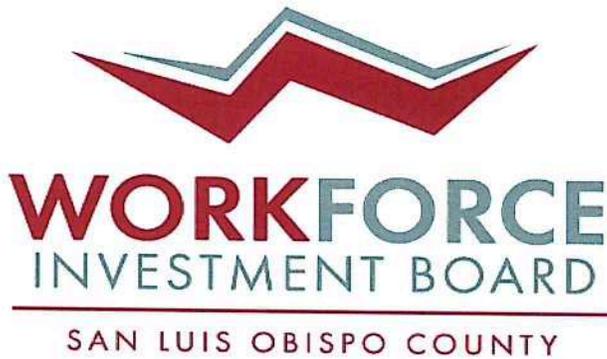
I represent the following seat/s on the WIB:

- | | |
|--|--|
| <input type="checkbox"/> Private-Sector Business | <input type="checkbox"/> Carl D. Perkins Vocational Program |
| <input type="checkbox"/> Local Education Entity | <input type="checkbox"/> NAFTA Program |
| <input type="checkbox"/> Labor Organization | <input type="checkbox"/> Veteran's Employment Program |
| <input type="checkbox"/> Economic Development Agencies | <input type="checkbox"/> Community Services Block Grant Employment and Training Programs |
| <input checked="" type="checkbox"/> Community-Based Organization | <input type="checkbox"/> H.U.D. Employment and Training Programs |
- One-Stop Partners, Required**
- | | |
|---|---|
| <input type="checkbox"/> WIA Title I Program | <input type="checkbox"/> State Unemployment Compensation Programs |
| <input type="checkbox"/> Wagner Peyser Program | Additional One-Stop Partners |
| <input type="checkbox"/> Adult Education and Literacy Programs | <input type="checkbox"/> D.S.S. |
| <input type="checkbox"/> Vocational Rehabilitation Program | |
| <input type="checkbox"/> DOL Welfare-to-Work Program | |
| <input checked="" type="checkbox"/> Older Americans Act Program | |
| <input type="checkbox"/> Small Business Development Center | |

Nomination/ Re-nomination Options:

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- I wish to leave the Workforce Investment Board and nominate _____, as an alternate member from my organization. (This option only applicable for required One-Stop Partners.)
- I am resigning my position on the Workforce Investment Board, effective _____, My letter of resignation is attached.

Board Member Signature *Aline Graham* Date 5/12/2014



Nomination/ Re-nomination Form

Board Member Name: Lee Collins

I represent the following seat/s on the WIB:

- | | |
|--|--|
| <input type="checkbox"/> Private-Sector Business | <input type="checkbox"/> Carl D. Perkins Vocational Program |
| <input type="checkbox"/> Local Education Entity | <input type="checkbox"/> NAFTA Program |
| <input type="checkbox"/> Labor Organization | <input type="checkbox"/> Veteran's Employment Program |
| <input type="checkbox"/> Economic Development Agencies | <input type="checkbox"/> Community Services Block Grant Employment and Training Programs |
| <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> H.U.D. Employment and Training Programs |
| | <input type="checkbox"/> State Unemployment Compensation Programs |

One-Stop Partners, Required

- WIA Title 1 Program
- Wagner Peyser Program
- Adult Education and Literacy Programs
- Vocational Rehabilitation Program
- DOL Welfare-to-Work Program
- Older Americans Act Program
- Small Business Development Center

Additional One-Stop Partners

- D.S.S.

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- I wish to leave the Workforce Investment Board and nominate _____, as an alternate member from my organization. (This option only applicable for required One-Stop Partners.)
- I am resigning my position on the Workforce Investment Board, effective _____. My letter of resignation is attached.

Board Member Signature  **Date** 5-13-14



**WORKFORCE
INVESTMENT BOARD**
SAN LUIS OBISPO COUNTY

Nomination/ Re-nomination Form

Board Member Name: Kristin Flynn

I represent the following seat/s on the WIB:

- Private-Sector Business
- Local Education Entity
- Labor Organization
- Economic Development Agencies
- Community-Based Organization

- Carl D. Perkins Vocational Program
- NAFTA Program
- Veteran's Employment Program
- Community Services Block Grant Employment and Training Programs
- H.U.D. Employment and Training Programs
- State Unemployment Compensation Programs

One-Stop Partners, Required

- WIA Title 1 Program
- Wagner Peyser Program
- Adult Education and Literacy Programs
- Vocational Rehabilitation Program
- DOL Welfare-to-Work Program
- Older Americans Act Program
- Small Business Development Center

Additional One-Stop Partners

- D.S.S.

Nomination/ Re-nomination Options:

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- I am resigning my position on the Workforce Investment Board, effective _____.
My letter of resignation is attached.

Board Member Signature Kristin Flynn **Date** 5/12/14



Nomination/ Re-nomination Form

Board Member Name: Kevin Kuhn

I represent the following seat/s on the WIB:

- Private-Sector Business
- Local Education Entity
- Labor Organization
- Economic Development Agencies
- Community-Based Organization

One-Stop Partners, Required

- WIA Title I Program
- Wagner Peysner Program
- Adult Education and Literacy Programs
- Vocational Rehabilitation Program
- DOL Welfare-to-Work Program
- Older Americans Act Program
- Small Business Development Center

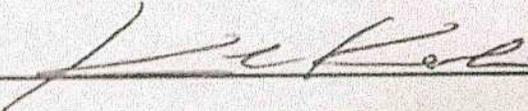
- Carl D. Perkins Vocational Program
- NAFTA Program
- Veteran's Employment Program
- Community Services Block Grant Employment and Training Programs
- H.U.D. Employment and Training Programs
- State Unemployment Compensation Programs

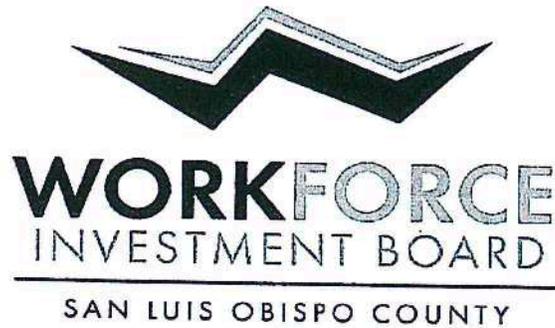
Additional One-Stop Partners

- D.S.S.

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- I wish to leave the Workforce Investment Board and nominate _____ as an alternate member from my organization. (This option only applicable for required One-Stop Partners.)
- I am resigning my position on the Workforce Investment Board, effective _____ My letter of resignation is attached.

Board Member Signature  Date 5/22/14



Nomination/ Re-nomination Form

Board Member Name: Kirk Coviello

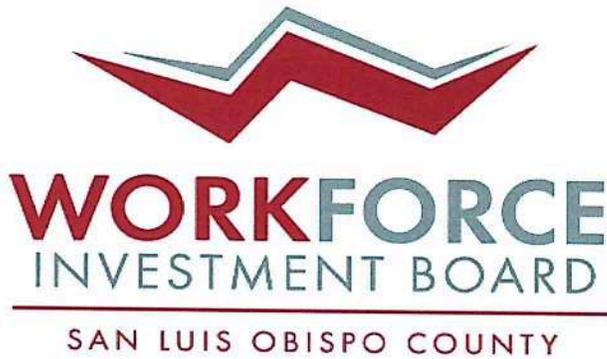
I represent the following seat/s on the WIB:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Private-Sector Business | <input type="checkbox"/> Carl D. Perkins Vocational Program |
| <input type="checkbox"/> Local Education Entity | <input type="checkbox"/> NAFTA Program |
| <input type="checkbox"/> Labor Organization | <input type="checkbox"/> Veteran's Employment Program |
| <input type="checkbox"/> Economic Development Agencies | <input type="checkbox"/> Community Services Block Grant Employment and Training Programs |
| <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> H.U.D. Employment and Training Programs |
| One-Stop Partners, Required | <input type="checkbox"/> State Unemployment Compensation Programs |
| <input type="checkbox"/> WIA Title I Program | Additional One-Stop Partners |
| <input type="checkbox"/> Wagner Peyser Program | <input type="checkbox"/> D.S.S. |
| <input type="checkbox"/> Adult Education and Literacy Programs | |
| <input type="checkbox"/> Vocational Rehabilitation Program | |
| <input type="checkbox"/> DOL Welfare-to-Work Program | |
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| <input type="checkbox"/> Small Business Development Center | |

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- I am resigning my position on the Workforce Investment Board, effective _____ My letter of resignation is attached.

Board Member Signature Kirk Coviello **Date** 5/22/2014



Nomination/ Re-nomination Form

Board Member Name: John Collins

I represent the following seat/s on the WIB:

- | | |
|--|--|
| <input type="checkbox"/> Private-Sector Business | <input type="checkbox"/> Carl D. Perkins Vocational Program |
| <input type="checkbox"/> Local Education Entity | <input type="checkbox"/> NAFTA Program |
| <input type="checkbox"/> Labor Organization | <input type="checkbox"/> Veteran's Employment Program |
| <input type="checkbox"/> Economic Development Agencies | <input type="checkbox"/> Community Services Block Grant Employment and Training Programs |
| <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> H.U.D. Employment and Training Programs |
| | <input type="checkbox"/> State Unemployment Compensation Programs |

One-Stop Partners, Required

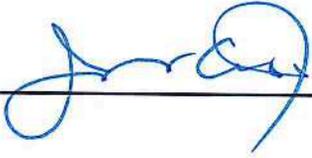
- WIA Title 1 Program
- Wagner Peyser Program
- Adult Education and Literacy Programs
- Vocational Rehabilitation Program
- DOL Welfare-to-Work Program
- Older Americans Act Program
- Small Business Development Center

Additional One-Stop Partners

- D.S.S.

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- I am resigning my position on the Workforce Investment Board, effective _____. My letter of resignation is attached.

Board Member Signature  **Date** 5/15/17