

CITY OF SAN ANTONIO AGENDA ITEM NO. 22
INTERDEPARTMENTAL MEMORANDUM
ECONOMIC DEVELOPMENT DEPARTMENT

TO: Mayor and City Council
FROM: Ramiro A. Cavazos, Director
THROUGH: Terry M. Brechtel, City Manager
COPIES: Christopher J. Brady, File
SUBJECT: ORDINANCE APPROVING APPOINTMENTS TO THE ALAMO
WORKFORCE DEVELOPMENT BOARD.
DATE: October 30, 2003

SUMMARY AND RECOMMENDATIONS

This Ordinance approves two new appointments and seven reappointments to the Alamo Workforce Development Board (AWDB). The Committee selected Roland Pena, Board member, Kerr Economic Development Foundation to serve in the *economic development* category and Arlene Rhodes, Regional Administrator, Texas Department of Human Services for the *public assistance* category. Both appointments will fill un-expired three-year terms on the Alamo Workforce Development Board (AWDB). The Committee also approved the reappointment of seven current Board members. They are Anne Boswell – *literacy*, Marilyn Bullock – *community based organization*, Fermin Gonzales – *public employment*, Fred Kirksey – *business*, Denver McClendon – *business*, Simon Salas- *business*, Vickie Spillman – *community based organization*.

Staff recommends approval of this ordinance.

BACKGROUND

Pursuant to the Partnership Agreement between the principal entities and the Alamo Workforce Development Board (AWDB), vacancies are filled by the Chief Elected Officials (CEO's) of the Alamo region through their representatives on the Committee of Six. The Texas Workforce Commission specifies the number of members and categories of representation. The agency also requires local workforce boards to be balanced geographically to represent the entire twelve county region, and by ethnicity and gender.

The Committee of Six considered three nominations for the *economic development* vacancy and one for the *public assistance* category. Those considered under the *economic development* category included:

Arnie Jacob, Vice President, San Antonio Economic Development Foundation
Ramon Lozano, Director of Economic Development, City of Seguin
Roland Pena, Board member, Kerr Economic Development Foundation

They chose Roland Pena to serve as a rural *economic development* representative. The Committee also approved Arlene Rhodes, Regional Administrator, Texas Department of Human Services to serve in the *public assistance* slot. This slot is normally filled by a representative of the Texas Department of Human Services to assure coordination of services.

In addition, there are eleven current members whose terms expire on December 31, 2003. Seven of those members are eligible for reappointment and interested in remaining on the board. Those being recommended for reappointment are:

<u>Name</u>	<u>Job Title/Affiliation</u>	<u>Appointment Category</u>
Anne Boswell	educational consultant	literacy
Marilyn Bullock	county extension agent	community based organization
Fermin Gonzales	Texas Workforce Commission	public employment
Fred Kirksey	small business owner	business
Denver McClendon	small business owner	business
Simon Salas	attorney	business
Vickie Spillman	director, childcare facility	community based organization

Copies of their nomination forms are attached.

POLICY ANALYSIS


This ordinance is a continuation of current City policy authorizing the City Council to review and approve appointments to the AWDB through the Interlocal Agreement between the Chief Elected Officials and the Alamo Workforce Development Inc. The Rural Area Judges, Bexar County Commissioners Court, as well as the San Antonio City Council, must each approve these appointments.

FISCAL IMPACT

There is no fiscal implication from the approval of this nomination.

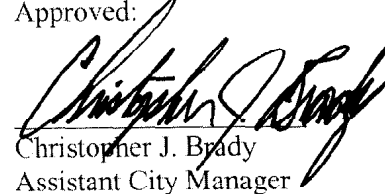
COORDINATION

This item has been coordinated with AWD, Bexar County, the Area Rural Judges, the City Attorney's Office, and was approved by the Committee of Six at their meeting on October 10, 2003.

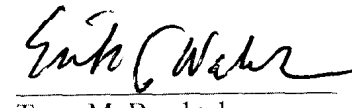


Ramiro A. Cavazos
Director

Approved:



Christopher J. Brady
Assistant City Manager


↓

Terry M. Brechtel
City Manager



WORKFORCE DEVELOPMENT BOARD NOMINATION SLATE (PLEASE TYPE OR PRINT)

Workforce Area: Alamo Workforce development Area -20

Name of Nominee: Roland A. Peña

Organization Representing: Kerr Economic Development Foundation

Position/Title: Board Member

Address: 1700 Sidney Baker, Suite 200 #4, Kerrville, Texas 78028

Telephone Number 830-896-1157 Fax: 830-896-1175 Home: 830-896-7972

E-mail: rpena@lcra.org

Gender: ☒ Male ☐ Female

Race: What is the nominee's race? Mark one or more races to indicate what the nominee considers himself/herself to be.

- ☒ White ☐ Black/African American/Negro ☐ Chinese ☐ Korean
- ☐ Asian Indian ☐ American Indian/Alaska Native ☐ Samoan ☐ Japanese
- ☐ Vietnamese ☐ Guamanian or Chamorro ☐ Native Hawaiian
- ☐ Filipino ☐ Some Other Race _____

Hispanic Origin: Is the nominee Spanish/Hispanic/Latino?

- ☐ No, not Spanish/Hispanic/Latino ☐ Yes, Puerto Rican
- ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Cuban
- ☒ Yes, other Spanish/Hispanic/Latino _____

Private Sector Member Only:

Employer TWC Tax Account Number: _____

Number of Employees: _____

Please indicate the area the nominee represents (Check Only One):

Private Sector Large/For Profit Business (large 500 employees or more) ☐

Private Sector Small/For Profit Business (less than 500 employees)..... ☐

Other Private Sector..... ☐

Education Agency..... <input type="checkbox"/>	Adult Basic and/or Continuing Education <input type="checkbox"/>
Literacy Council..... <input type="checkbox"/>	Organized Labor [20CFR 628.410(a)(3)] <input type="checkbox"/>
Economic Development..... <input checked="" type="checkbox"/>	Community-Based Organization (CBO) <input type="checkbox"/>
Vocational Rehabilitation Agency <input type="checkbox"/>	Public Assistance Agency <input type="checkbox"/>
Public Employment Agency (TWC) <input type="checkbox"/>	

Nominee has expertise in child care or early childhood education..... ☐

Nominee is a veteran ☐

Sep 08 03 09:14a

LCRR Employee

830-896-7972

p. 2

CHIEF ELECTED OFFICIAL'S MEMBERSHIP GUIDE FOR LOCAL WORKFORCE DEVELOPMENT BOARDSNominee is a veteran ☐

Name of Nominating

Organization: Kerr Economic Development Foundation

Address:

1700 Sidney BakerKerrville, TX78028

Street or P.O. Box

City

State

Zip

Telephone Number: 830-896-1157

Fax:

Bob Waller09/05/2003

Signature of President, Director, or other official of nominating organization

Date

Bob Waller, Chairman of the Board

Typed/Printed Name

Individuals may receive, review, and correct information that TWC collects about the individuals by emailing to open_access@twc.state.tx.us or writing to TWC Public Information, Rm 264, 101 East 15th, Austin, Texas 78778-0001.

TX DEPT HUMAN SV

Fax: 210-619-8088



WORKFORCE DEVELOPMENT BOARD NOMINATION SLATE (PLEASE TYPE OR PRINT)

WDA:

Name of Nominee: Arlene D. RhodesOrganization Representing: Texas Department Of Human ServicesPosition/Title: Regional AdministratorAddress: P.O. Box 23990 San Antonio, Texas 78223Telephone Number: Work: (210)619-8001 Fax: (210)619-8088 Home: (830)627-1197Gender: ☐ Male☒ FemaleEthnicity: ☐ White (Non-Hispanic)☒ Hispanic☐ Black☐ Asian/Pacific Islander☐ Native American☐ Other

Private Sector Member Only:

Employer TWC Tax Account Number: _____

Number of Employees: _____

Please indicate the area the individual represents (Check Only One):

Private Sector (large 500 employees or more)..... ☐Private Sector Small/For Profit Business (minority - less than 500 employees)..... ☐Other Private Sector..... ☐Education Agency..... ☐Adult Basic and/or Continuing Education..... ☐Literacy Council..... ☐Organized Labor (20CFR 628.410(a)(3))**..... ☐Community-Based Organization (CBO)..... ☐Economic Development..... ☐Vocational Rehabilitation Agency..... ☐Public Employment Service (TWC)..... ☐Public Assistance Agency..... ☒Does nominee have expertise in child care or early childhood education? ☒Is the nominee a veteran? ☐

Name of Nominating

Organization: Texas Department of Human Services

(** Include National/State Affiliation)

Address: P.O. Box 23990 San Antonio, Tx 78223

Street or P.O. Box

City

State

Zip

Telephone Number: 210-619-8001 FAX 210-619-8088

Signature of President, Director, or other official of nominating organization

Lawrence M. Parker

Typed/Printed Name

Date

10/02/03

CHIEF ELECTED OFFICIAL'S MEMBERSHIP GUIDE FOR LOCAL WORKFORCE DEVELOPMENT BOARDS



LOCAL WORKFORCE DEVELOPMENT BOARD NOMINATION SLATE

(PLEASE TYPE OR PRINT)

Workforce Area: Alamo
 Name of Nominee: ANNE G. BOSWELL
 Organization Representing: LITERACY PROVIDERS OF SAN ANTONIO
 Position/Title: SECRETARY OF BOARD
 Address: 114 BRITANNY DR
 Telephone Number: N/A Fax: 210-828-1787 Home: 210-828-1787
 E-mail: anne.boswell@hotmail.com
 Gender: ☐ Male ☒ Female

Race: What is the nominee's race? Mark one or more races to indicate what the nominee considers himself/herself to be.

- ☒ White ☐ Black/African American/Negro ☐ Chinese ☐ Korean
☐ Asian Indian ☐ American Indian/Alaska Native ☐ Samoan ☐ Japanese
☐ Vietnamese ☐ Guamanian or Chamorro ☐ Native Hawaiian
☐ Filipino ☐ Some Other Race _____

Hispanic Origin:

Is the nominee Spanish/Hispanic/Latino?

- ☐ No, not Spanish/Hispanic/Latino ☐ Yes, Puerto Rican
☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino _____

Private Sector Member Only:

Employer TWC Tax Account Number: _____

Number of Employees: _____

Please indicate the area the nominee represents (Check Only One):

- | | |
|--|-------------------------------------|
| Private Sector Large/For Profit Business (large 500 employees or more) | <input type="checkbox"/> |
| Private Sector Small/For Profit Business (less than 500 employees) | <input type="checkbox"/> |
| Other Private Sector | <input type="checkbox"/> |
| Education | <input type="checkbox"/> |
| Literacy Council | <input checked="" type="checkbox"/> |
| Economic Development | <input type="checkbox"/> |
| Vocational Rehabilitation | <input type="checkbox"/> |
| Public Employment Service (TWC) | <input type="checkbox"/> |
| Adult Basic and/or Continuing Education | <input type="checkbox"/> |
| Organized Labor [20CFR 628.410(a)(3)] | <input type="checkbox"/> |
| Community-Based Organization (CBO) | <input type="checkbox"/> |
| Public Assistance | <input type="checkbox"/> |
| Nominee has expertise in child care or early childhood education | <input checked="" type="checkbox"/> |
| Nominee is a veteran | <input type="checkbox"/> |

CHIEF ELECTED OFFICIAL'S MEMBERSHIP GUIDE FOR LOCAL WORKFORCE DEVELOPMENT BOARDSName of Nominating
Organization:LITERACY PROVIDERS OF SAN ANTONIO

Address:

% Nancy Dunlap, N/SD, 6632 BANDERA RD, SAT 78238

Street or P.O. Box

City

State

Zip

Telephone Number:

210-522-8138 (Dunlap)

Fax:

Nancy Bentley Dunlap

Signature of President, Director, or other official of nominating organization

9/24/03

Date

Nancy Bentley Dunlap

Typed/Printed Name

Individuals may receive, review, and correct information that TWC collects about the individuals by emailing to open_records@twp.state.tx.us

CHIEF ELECTED OFFICIAL'S MEMBERSHIP GUIDE FOR LOCAL WORKFORCE DEVELOPMENT BOARDS



WORKFORCE DEVELOPMENT BOARD NOMINATION SLATE

(PLEASE TYPE OR PRINT)

Workforce Area: Alamo Workforce Development
 Name of Nominee: Marilyn Bullock
 Organization Representing: Texas Cooperative Extension
 Position/Title: County Extension Agent-Family & Consumer
 Address: P. O. Box 278
 Telephone Number: (830) 393-7357 Fax: (830) 393-7327 Home: (830) 393-9350
 E-mail: mj-bullock@tamuc.edu

Gender: ☐ Male ☒ Female

Race: What is the nominee's race? Mark one or more races to indicate what the nominee considers himself/herself to be.

- ☒ White ☐ Black/African American/Negro ☐ Chinese ☐ Korean
☐ Asian Indian ☐ American Indian/Alaska Native ☐ Samoan ☐ Japanese
☐ Vietnamese ☐ Guamanian or Chamorro ☐ Native Hawaiian
☐ Filipino ☐ Some Other Race _____

Hispanic Origin: Is the nominee Spanish/Hispanic/Latino?

- ☒ No, not Spanish/Hispanic/Latino ☐ Yes, Puerto Rican
☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino _____

Private Sector Member Only:

Employer TWC Tax Account Number: _____

Number of Employees: _____

Please indicate the area the nominee represents (Check Only One):

Private Sector Large/For Profit Business (large 500 employees or more) ☐
 Private Sector Small/For Profit Business (less than 500 employees) ☐
 Other Private Sector ☐

Education Agency ☐ Adult Basic and/or Continuing Education ☐
 Literacy Council ☐ Organized Labor [20CFR 628.410(a)(3)] ☐
 Economic Development ☐ Community-Based Organization (CBO) ☒
 Vocational Rehabilitation Agency ☐ Public Assistance Agency ☐
 Public Employment Agency (TWC) ☐

Nominee has expertise in child care or early childhood education ☒
 Nominee is a veteran ☐

Form A

CHIEF ELECTED OFFICIAL'S MEMBERSHIP GUIDE FOR LOCAL WORKFORCE DEVELOPMENT BOARDS

Name of Nominating

Organization: Health Alliance of Wilson County

1000 C Street, PO Box 128

Address: Flomenville Tx. 78114

Street or P.O. Box

City

State

Zip

Telephone Number: 8302169996 832-710

Fax: 830-393-8363


Signature of President, Director, or other official of nominating organization

Date 10/2/2003

Bradly Bundrant
Typed Name

Individuals may receive, review, and correct information that TWC collects about the individual by emailing to public.information@texasworkforce.com or writing to TWC Public Information, Rm 264, 101 East 15th, Austin, Texas 78778-0001.

Form A



WORKFORCE DEVELOPMENT BOARD NOMINATION SLATE (PLEASE TYPE OR PRINT)

Workforce Area: ALAMO AREA WDB

Name of Nominee: Fermin O. Gonzales

Organization Representing: Texas Workforce Commission

Position/Title: Assistant Integrated Service Area Manager

Address: 2538 Castroville Rd. San Antonio, Texas 78237

Telephone Number 210/582-1875 Fax: 210/582-1899 Home: _____

E-mail: fermin.gonzales@twc.state.tx.us

Gender: ☒ Male ☐ Female

Race: What is the nominee's race? Mark one or more races to indicate what the nominee considers himself/herself to be.

- ☒ White ☐ Black/African American/Negro ☐ Chinese ☐ Korean
- ☐ Asian Indian ☐ American Indian/Alaska Native ☐ Samoan ☐ Japanese
- ☐ Vietnamese ☐ Guamanian or Chamorro ☐ Native Hawaiian
- ☐ Filipino ☐ Some Other Race _____

Hispanic Origin: Is the nominee Spanish/Hispanic/Latino?

- ☐ No, not Spanish/Hispanic/Latino ☐ Yes, Puerto Rican
- ☒ Yes, Mexican, Mexican American, Chicano ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino _____

Private Sector Member Only:

Employer TWC Tax Account Number _____

Number of Employees: _____

Please indicate the area the nominee represents (Check Only One):

- Private Sector Large For Profit Business (large 500 employees or more) ☐
- Private Sector Small For Profit Business (less than 500 employees) ☐
- Other Private Sector ☐
- Education Agency ☐ Adult Basic and/or Continuing Education ☐
- Literacy Council ☐ Organized Labor [29CFR 628.410(a)(3)] ☐
- Economic Development ☐ Community-Based Organization (CBO) ☐
- Vocational Rehabilitation Agency ☐ Public Assistance Agency ☐
- Public Employment Agency (TWC) ☒

Nominee has expertise in child care or early childhood education ☐

Nominee is a veteran ☐

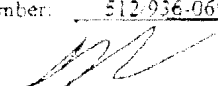
Form A

Name of Nominating

Organization: Texas Workforce Commission

Address: 101 E. 15th Street Austin TX 78778-0001
Street or P.O. Box City State Zip

Telephone Number: 512-936-0697 Fax: 512-463-2799


Signature of President, Director, or other official of nominating organization

Date

Luis M. Macias

Typed/Printed Name

Individuals may receive, review, and correct information that TWC collects about the individuals by emailing to openrecords@tasc.state.tx.us or writing to TWC Public Information, Rm 264, 101 East 15th, Austin, Texas 78778-0001.



WORKFORCE DEVELOPMENT BOARD NOMINATION SLATE (PLEASE TYPE OR PRINT)

Workforce Area: Alamo Workforce Development

Name of Nominee: Frederick L. Kirksey

Organization Representing: Forever Fit/South Texas Wellness & Athletic Injuries Clinic, Inc.

Position/Title: Owner, CEO

Address: 1617 E. Commerce, Suite 5203 San Antonio, TX 78205

Telephone Number: (210) 224-2290 Fax: (210) 224-2236 Home: _____

E-mail: foreverfit@web-hed.com

Gender: ☒ Male ☐ Female

Race: What is the nominee's race? Mark one or more races to indicate what the nominee considers himself/herself to be.

- ☐ White ☒ Black/African American/Negro ☐ Chinese ☐ Korean
☐ Asian Indian ☒ American Indian/Alaska Native ☐ Samoan ☐ Japanese
☐ Vietnamese ☐ Guamanian or Chamorro ☐ Native Hawaiian
☐ Filipino ☐ Some Other Race _____

Hispanic Origin:

Is the nominee Spanish/Hispanic/Latino?

- ☐ No, not Spanish/Hispanic/Latino ☐ Yes, Puerto Rican
☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino _____

Private Sector Member Only:

Employer TWC Tax Account Number:

Number of Employees:

74 2907962
3

Please indicate the area the nominee represents (Check Only One):

- Private Sector Large/For Profit Business (large 500 employees or more)..... ☐
 Private Sector Small/For Profit Business (less than 500 employees)..... ☒
 Other Private Sector..... ☐

 Education Agency..... ☐ Adult Basic and/or Continuing Education..... ☐
 Literacy Council..... ☐ Organized Labor [20CFR 628.410(a)(3)]..... ☐
 Economic Development..... ☐ Community-Based Organization (CBO)..... ☐
 Vocational Rehabilitation Agency..... ☐ Public Assistance Agency..... ☐
 Public Employment Agency (TWC)..... ☐

Nominee has expertise in child care or early childhood education..... ☐

Nominee is a veteran..... ☒

Form A

CHIEF ELECTED OFFICIAL'S MEMBERSHIP GUIDE FOR LOCAL WORKFORCE DEVELOPMENT BOARDS

Name of Nominating
Organization:Greater Chamber

Address:

P. O. Box 1628San AntonioTexas78296

Street or P.O. Box City

State

Zip

Telephone Number: 210-229-2100Fax: 210-229-1600

Signature of President, Director, or other official of nominating organization

Date

Typed/Printed Name

Individuals may receive, review, and correct information that TWC collects about the individuals by emailing to open.records@twc.state.tx.us or writing to TWC Public Information, Rm 264, 101 East 15th, Austin, Texas 78778-0001.

Form A

CHIEF ELECTED OFFICIAL'S MEMBERSHIP GUIDE FOR LOCAL WORKFORCE DEVELOPMENT BOARDS



WORKFORCE DEVELOPMENT BOARD NOMINATION SLATE

(PLEASE TYPE OR PRINT)

Workforce Area: Alamo Workforce Development

Name of Nominee: Denver McClendon

Organization Representing: Community Crime Prevention Network, Inc.

Position/Title: Operations Manager

Address: 3811 Willowood Blvd. San Antonio, TX 782219

Telephone Number: (210) 281-9141 Fax: (210) 223-3954 Home: _____

E-mail: rmcclendon1@satx.tx.com

Gender:



Male



Female

Race:

What is the nominee's race? Mark one or more races to indicate what the nominee considers himself/herself to be.



White



Black/African American/Negro



Chinese



Korean



Asian Indian



American Indian/Alaska Native



Samoan



Japanese



Vietnamese



Guamanian or Chamorro



Native Hawaiian



Filipino



Some Other Race _____

Hispanic Origin:

Is the nominee Spanish/Hispanic/Latino?



No, not Spanish/Hispanic/Latino



Yes, Puerto Rican



Yes, Mexican, Mexican American, Chicano



Yes, Cuban



Yes, other Spanish/Hispanic/Latino _____

Private Sector Member Only:

Employer TWC Tax Account Number: _____

Number of Employees: _____

Please indicate the area the nominee represents (Check Only One):

Private Sector Large/For Profit Business (large 500 employees or more) ☐Private Sector Small/For Profit Business (less than 500 employees) ☒Other Private Sector ☐Education Agency ☐Literacy Council ☐Economic Development ☐Vocational Rehabilitation Agency ☐Public Employment Agency (TWC) ☐Adult Basic and/or Continuing Education ☐Organized Labor [20CFR 628.410(a)(3)] ☐Community-Based Organization (CBO) ☐Public Assistance Agency ☐Nominee has expertise in child care or early childhood education ☐Nominee is a veteran ☒

Form A

36.

CHIEF ELECTED OFFICIAL'S MEMBERSHIP GUIDE FOR LOCAL WORKFORCE DEVELOPMENT BOARDS

Name of Nominating Organization: City
Alamo Chamber

Address: 600 HemisFair PLAZA WY San Antonio, TX 78
Street or P.O. Box City State Zip

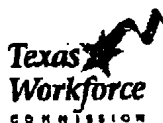
Telephone Number: (210) 226-9055 Fax: (210) 226-0524

Wallace Pope 10/01/03
Signature of President, Director, or other official of nominating organization Date

Wallace Pope
Typed/Printed Name

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CHIEF ELECTED OFFICIAL'S MEMBERSHIP GUIDE FOR LOCAL WORKFORCE DEVELOPMENT BOARDS



LOCAL WORKFORCE DEVELOPMENT BOARD NOMINATION SLATE (PLEASE TYPE OR PRINT)

Workforce Area: Alamo Workforce Development Board
 Name of Nominee: Simon Guadalupe Salas
 Organization Representing: KGME, Inc.
 Position/Title: Chief Operating Officer and General Counsel
 Address: 4820 Bacon Road
 Telephone Number: _____ Fax: _____ Home: 210-340-0560 (Fax) 210-558-1317 (Home)
 E-mail: _____
 Gender: ☒ Male ☐ Female

Race: What is the nominee's race? Mark one or more races to indicate what the nominee considers himself/herself to be.

- ☒ White ☐ Black/African American/Negro ☐ Chinese ☐ Korean
☐ Asian Indian ☐ American Indian/Alaska Native ☐ Samoan ☐ Japanese
☐ Vietnamese ☐ Guamanian or Chamorro ☐ Native Hawaiian
☐ Filipino ☐ Some Other Race _____

Hispanic Origin:

Is the nominee Spanish/Hispanic/Latino?

- ☐ No, not Spanish/Hispanic/Latino ☐ Yes, Puerto Rican
☒ Yes, Mexican, Mexican American, Chicano ☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino _____

Private Sector Member Only:

Employer TWC Tax Account Number:

02-239496-7

Number of Employees:

71

Please indicate the area the nominee represents (Check Only One):

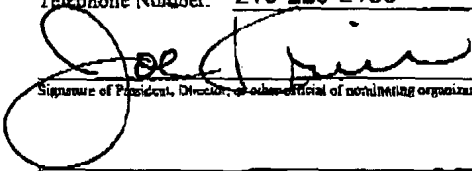
- Private Sector Large/For Profit Business (large 500 employees or more) ☐
 Private Sector Small/For Profit Business (less than 500 employees) ☒
 Other Private Sector ☐
 Education ☐ Adult Basic and/or Continuing Education ☐
 Literacy Council ☐ Organized Labor [20CFR 628.410(a)(3)] ☐
 Economic Development ☐ Community-Based Organization (CBO) ☐
 Vocational Rehabilitation ☐ Public Assistance ☐
 Public Employment Service (TWC) ☐
 Nominee has expertise in child care or early childhood education ☒
 Nominee is a veteran ☐

CHIEF ELECTED OFFICIAL'S MEMBERSHIP GUIDE FOR LOCAL WORKFORCE DEVELOPMENT BOARDS

Name of Nominating Organization: Greater San Antonio Chamber of Commerce

Address: P.O. Box 1628 San Antonio, Texas 78296
Street or P.O. Box City State Zip

Telephone Number: 210-229-2100 Fax: 210-229-1600


Signature of President, Director, or other official of nominating organization

Date

Typed/Printed Name

Individuals may receive, review, and correct information that TWC collects about the individuals by emailing to open.records@twc.state.tx.us



LOCAL WORKFORCE DEVELOPMENT BOARD NOMINATION SLATE (PLEASE TYPE OR PRINT)

Workforce Area: Alamo

Name of Nominee: Vicki D. Spillman

Organization Representing: _____

Position/Title: Volunteer

Address: 923 Fabulous Drive/San Antonio, Texas 78213

Telephone Number: Work: (210) 677-1771 Fax: (210) 677-1800 Home: (210) 377-3656

E-mail: cting.sae@brickhorizons.com

Gender: Male ☐ ☒ Female

Race: What is the nominee's race? Mark one or more races to indicate what the nominee considers himself/herself to be.

Ethnicity: ☒ White ☐ Black/African American Negro ☐ Chinese ☐ Korean
☐ Asian Indian ☐ American Indian/Alaska Native ☐ Samoan ☐ Japanese
☐ Vietnamese ☐ Guamanian or Chamorro ☐ Native Hawaiian
☐ Filipino ☐ Some Other Race _____

Hispanic Origin: Is the nominee Spanish/Hispanic/Latino?

No, no Spanish/Hispanic/Latino ☐ Yes, Puerto Rican ☐
Yes, Mexican, Mexican American, Chicano ☐ Yes, Cuban ☐
Yes, other Spanish/Hispanic/Latino _____

Private Sector Member Only:

Employer TWC Tax Account Number: _____

Number of Employees: _____

Please indicate the area the individual represents (Check Only One):

Private Sector (large 500 employees or more).....
Private Sector Small/For Profit Business (minority - less than 500 employees).....
Other Private Sector
Education Agency
Organized Labor (20CFR 628.410(a)(3)).....
Economic Development
Community-Based Organization (CBO) ☒
Vocational Rehabilitation Agency.....
Public Employment Service (IWC)
Public Assistance Agency (TDHS).....
Literacy Council
Adult Basic and/or Continuing Education.....

Does nominee have expertise in child care or early childhood education? ☒

Name of Nominating _____

WD Letter 28-01, Change 2, Attachment 1

Form-A

09/29/2003 12:28 FAX 2102723290

ALAMO WORKFORCE

0003

**DIRECTOR'S MENTORING
PROJECT**

Organization:

Donna R. Bauer

Address:

10710 Grand Haven

San Antonio, TX 78239

State

Zip

Telephone Number:

(210) 646-8100

FAX

(210) 646-8001

Donna R. Bauer, Ex-Dir, Founder

9/29/03

Signature of President, Director, or other official of participating organization

Date

DONNA R. BAUER

Typed/Printed Name

Individuals may receive, review, and correct information that TWC collects about the individuals by emailing to
open.records@hwc.state.tx.us.