

AGENDA ITEM NO. 9

**CITY OF SAN ANTONIO  
ECONOMIC DEVELOPMENT DEPARTMENT  
CITY COUNCIL AGENDA MEMORANDUM**

**TO:** Mayor and City Council

**FROM:** Ramiro A. Cavazos, Director

**SUBJECT:** Ordinance approving seven reappointments to the Alamo WorkSource Board.

**DATE:** December 1, 2005

**SUMMARY AND RECOMMENDATIONS**

This Ordinance approves seven reappointments to the Alamo WorkSource Board (AWB) known as Alamo *WorkSource*. The Committee of Six, in its November 18 meeting, recommended the following individuals for reappointment to new three-year terms: Bob Plunkett in the *vocational rehabilitation* category, Guadalupe Ruvacalba in the *adult and continuing education* category and Grace Moser in the *public assistance* category.

The ordinance also reappoints Dr. Carlos Campos, Denise Powers, Herman Segovia and Donald Sikes to serve three-year terms in the *business* category. A complete listing of current and proposed board members is attached.

Staff recommends approval of this ordinance.

**BACKGROUND**

The Alamo WorkSource Board contracts for or operates employment and workforce programs in a twelve county area including operation of the workforce centers, youth and child care programs and training partnerships.

Pursuant to the Partnership Agreement between the principal entities and the AWB, appointees are nominated by the Chief Elected Officials (CEO's) of the Alamo region through their representatives on the "Committee of Six." The Committee is composed of two elected officials each from the City, Bexar County and the surrounding rural area. Currently sitting on the Committee of Six for the City are Mayor Phil Hardberger, Councilman Richard Perez, from Bexar County are Judge Nelson W. Wolff and Commissioner Tommy Atkisson, and from the rural area, Bandera County Judge Richard A. Evans and Comal County Commissioner Jay P. Millikin.

The Texas Workforce Commission (TWC) stipulates 51% of the board must be private sector representatives. There are nine required categories that include organized labor, education, public employment, and vocational rehabilitation among others. The agency also requires local workforce boards to be balanced geographically to represent the entire twelve county region and by ethnicity and gender.

At their November 18 meeting, the Committee reappointed the following *business* category members:

<b>Name</b>	<b>Title and Company</b>
Carlos Campos	Private practitioner
Denise Powers	Owner, Meeting Professionals of San Antonio
Donald Sikes	Independent Insurance Agent
Herman Segovia	Attorney at Law

In addition they approved reappointments as follows:

<b>Name</b>	<b>Title</b>	<b>Category</b>
Guadalupe Ruvalcaba	Director – Adult Ed, SAISD	Adult Basic Ed.
Grace Moser	Regional Director TX Health and Human Services Commission	Public Assistance Agency
Bob Plunkett	President/CEO	Vocational Rehabilitation

### **POLICY ANALYSIS**

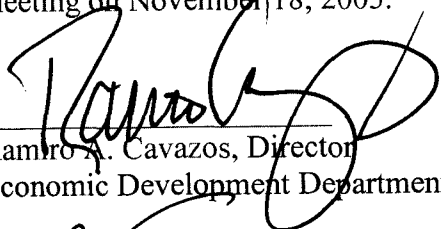
This ordinance is a continuation of current City policy authorizing the City Council to review and approve appointments to the AWB through the Interlocal Agreement between the Chief Elected Officials and the Alamo Workforce Development Inc. The Rural Area Judges, Bexar County Commissioners Court, as well as the San Antonio City Council, must each approve these appointments. These appointments will be considered by the Area Rural Judges on December 14, 2005 and by the Bexar County Commissioners Court on December 6, 2005.

### **FISCAL IMPACT**

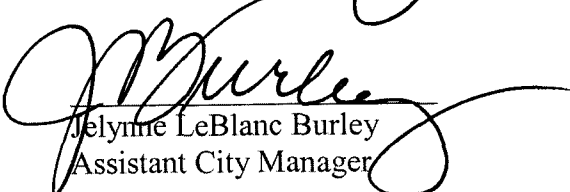
There is no fiscal implication from the approval of these nominations.

## COORDINATION

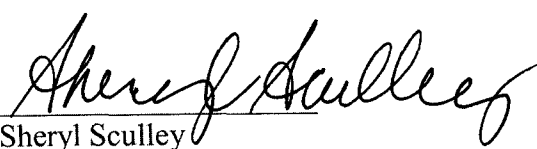
This item has been coordinated with Alamo WorkSource, Bexar County, the Area Rural Judges, the City Attorney's Office, and was approved by the Committee of Six at their meeting on November 18, 2005.



Ramiro A. Cavazos, Director  
Economic Development Department



Jelynn LeBlanc Burley  
Assistant City Manager



Sheryl Sculley  
City Manager

Attachments

# ATTACHMENT

## ALAMO WORKFORCE DEVELOPMENT BOARD PLACE ASSIGNMENTS

<u>Place</u>	<u>Category</u>	<u>Name</u>	<u>01/01/04- 12/31/06</u>	<u>01/01/05 12/31/07</u>	<u>01/01/06- 12/31/08</u>
1	Business	Cortez		X	
2	Business	Salas	X		
3	Business	Powers			X
4	Business	Campos			X
5	Business	Kirksey	X		
6	Business	Vacant			X
7	Business	Murray		X	
8	Business	Segovia			X
9	Business	McClendon	X		
10	Business	R. Gonzalez	X		
11	Business	Heath		X	
12	Business	Curran		X	
13	Business	Sikes			X
14	CBO	Van Buren	X		
15	CBO	Cervantez		X	
16	CBO	Spillman	X		
17	Education	Killian			X
18	Education	Zaragoza		X	
19	Education	Ruvalcaba			X
20	Econ Dev	Pena		X	
21	Labor	Limon	X		
22	Literacy	Martinez	X		
23	Public Assist	Moser			X
24	Public Employ	F. Gonzales	X		
25	Voc Rehab	Plunkett			X

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



# WORKFORCE DEVELOPMENT BOARD NOMINATION SLATE

(PLEASE TYPE OR PRINT)

Workforce Area: Alamo work force area  
 Name of Nominee: Carlos Campa MD  
 Organization Representing: Carlos Campa MD PA  
 Position/Title: owner  
 Address: 181 E. Ash St  
 Telephone Number 830 628-8141 Fax: \_\_\_\_\_ 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: 74-2553856

Number of Employees: 6

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 ..... ☐

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

Name of Nominating  
Organization:

New Braunfels Women's Chamber of Commerce

Address:

PO Box 310773 New Braunfels TX

Street or P.O. Box

City

State

Zip

78131

Telephone Number:

830 609-3776

Fax:

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

Date

11-2-05

Susan Phillips

Typed/Printed Name

Individuals may receive, review, and correct information that TWC collects about the individuals by emailing to [publicinfo@twc.state.tx.us](mailto:publicinfo@twc.state.tx.us) or writing to TWC Public Information, Rm 264, 101 East 15<sup>th</sup>, Austin, Texas 78778-0001.



Economic Development ..... ☐  
 Vocational Rehabilitation Agency ..... ☐  
 Public Employment Agency (TWC) ..... ☐

Community-Based Organization (CBO) ..... ☐  
 Public Assistance Agency ..... ☐

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

Name of Nominating

Organization: San Antonio Women's Chamber of Commerce

Address: 600 Hemisfair Plaza Way #217, SAT 78205

Street or P.O. Box

City

State

Zip

Telephone Number: 299-2636

Fax: 299-4169

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

Date

Grigori Pando  
 Typed/Printed Name

President Pres. Emeritus.

X Gianna Carmichael  
Immediate Past Chair

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# **WORKFORCE DEVELOPMENT BOARD NOMINATION SLATE** (PLEASE TYPE OR PRINT)

Workforce Area: Alamo

Name of Nominee: Donald G. Sikes

Organization Representing: Private Business

Position/Title: Independent Insurance Agent

Address: 1721 Strait Lane Pleasanton, Texas 78064

Telephone Number 830-569-3908 Fax: \_\_\_\_\_ Home: 830-569-3908

E-mail: dss29@sbcglobal.net/dgsikes@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) ..... ☐

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 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 ..... ☐

Name of Nominating

Organization: Pleasanton Chamber of Commerce

Address: 605 Second Street Pleasanton, Texas 78064  
Street or P.O. Box City State Zip

Telephone Number: 830-569-2163 Fax: \_\_\_\_\_

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

October 24, 2005  
Date

SAMMY MEJIA  
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](mailto:open.records@twc.state.tx.us) or writing to TWC Public Information, Rm 264, 101 East 15<sup>th</sup>, Austin, Texas 78778-0001.



# **WORKFORCE DEVELOPMENT BOARD NOMINATION SLATE** (PLEASE TYPE OR PRINT)

Workforce Area: ALAMO

Name of Nominee: HERMAN H. SEGOVIA

Organization Representing: LAW OFFICE OF HERMAN H. SEGOVIA

Position/Title: ATTORNEY AT LAW

Address: 118 EAST ASHBY, SAN ANTONIO, TEXAS 78212

Telephone Number 2107372200 Fax: 2107372500 Home: 2106815466

E-mail: eabogado@aol.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: 461-80-7814

Number of Employees: 2

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 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..... ☐

Name of Nominating  
Organization:

SAN ANTONIO WOMEN'S CHAMBER OF COMMERCE

Address:

600 HEMISFAIR PLAZA WAY, SAN ANTONIO, TEXAS 78205

Street or P.O. Box

City

State

Zip

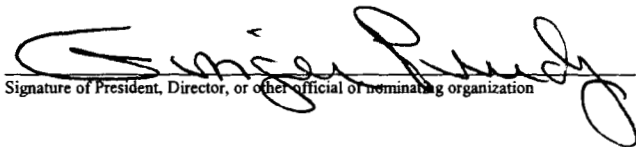
Telephone Number:

210-299-2636

Fax:

210-299-4169

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



Date

Oct. 22, 05

GINGER PURDY

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](mailto:open.records@twc.state.tx.us) or writing to TWC Public Information, Rm 264, 101 East 15<sup>th</sup>, Austin, Texas 78778-0001.

## LOCAL WORKFORCE DEVELOPMENT BOARD NOMINATION SLATE

PLEASE TYPE OR PRINT

Workforce Area: Alamo  
Name of Nominee: Guadalupe C. Ruvalcaba  
Organization Representing: San Antonio Independent School District  
Position/Title: Director - Adult & Community Education Program  
Address: 325 Pruitt Ave City/Zip Code: San Antonio, TX 78204  
Telephone Number: (210) 299-1102 Fax: (210) 299-0252 Home: (210) 279-9077  
E-mail: gruvalcaba@saisd.net  
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 ☐ Filipino  
☐ Native Hawaiian ☐ 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 (fewer than 500 employees) ..... ☐  
Other Private Sector ..... ☐  
Education ..... ☐ Adult Basic and/or Continuing Education ..... ☒  
Literacy Council ..... ☐ Organized Labor [20 C.F.R. §628.410(a)(3)] ..... ☐  
Economic Development ..... ☐ Community-Based Organization (CBO) ..... ☐  
Vocational Rehabilitation ..... ☐ Public Assistance ..... ☐  
Public Employment Service (TWC) ..... ☐

Indicate, if applicable:

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

Name of Nominating

Organization: San Antonio Independent School District

Address:

141 Lavaca

Street or P.O. Box

San Antonio,

Texas

78210

City

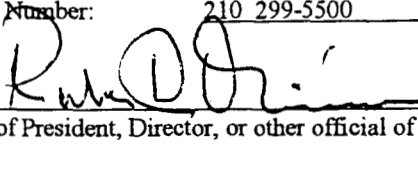
State

Zip

Telephone Number:

210 299-5500

Fax: 210 299-5580

  
Signature of President, Director, or other official of Nominating Organization

8-25-05  
Date

Dr. Rubén Olivárez

Print/Type Name

Superintendent

Print/Type Title

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



# WORKFORCE DEVELOPMENT BOARD NOMINATION SLATE

(PLEASE TYPE OR PRINT)

Workforce Area: Alamo Area

Name of Nominee: Grace Moser

Organization Representing: Health & Human Service Commission

Position/Title: Region Director Office of Eligibility Services

Address: 11307 Rozell, PO Box 23990, San Antonio, TX 78223-0990

Telephone Number 210/ 619-8019 Fax: 210/ 619-8293 Home: 830/ 303-5450

E-mail: grace.moser@hhsc.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 [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 childcare or early childhood education..... ☐

Nominee is a veteran ..... ☐

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

Name of Nominating Organization: Texas Health and Human Services Commission

Address: PO BOX 13247 Austin Texas 78711  
Street or P.O. Box City State Zip

Telephone Number: (512) 206-5164 Fax: (512) 206-5029

Wanda M. Thompson  
Signature of President, Director, or other official of nominating organization

10/31/05  
Date

Wanda M. Thompson, Ph.D.  
Typed/Printed Name

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# **WORKFORCE DEVELOPMENT BOARD NOMINATION SLATE** (PLEASE TYPE OR PRINT)

Workforce Area: Vocational Rehabilitation

Name of Nominee: Bob R. Plunkett

Organization Representing: San Antonio Lighthouse for the Blind

Position/Title: President/CEO

Address: 2305 Roosevelt

Telephone Number: 210-533-5195 Fax: 210-533-4676 Home: 210-545-4840

E-mail: bob@salighthouse.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: 1-74-1339051-3

Number of Employees: 300-350

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 Agency.....	<input type="checkbox"/>
Literacy Council.....	<input type="checkbox"/>
Economic Development.....	<input type="checkbox"/>
Vocational Rehabilitation Agency.....	<input checked="" type="checkbox"/>
Public Employment Agency (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 Agency.....	<input type="checkbox"/>

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

Name of Nominating

Organization San Antonio Lighthouse for the Blind

Address: 2305 Roosevelt San Antonio Texas 78210  
Street or P.O. Box City State Zip

Telephone Number: 210-533-5295 Fax: 210-533-4676

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

Date

Art Ramseur

Typed/Printed Name

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