

MEMBERS

Counties
Alamance
Caswell
Davidson
Davie
Forsyth
Montgomery
Randolph
Rockingham
Stokes
Surry
Yadkin

Municipalities

Archdale
Asheboro
Bermuda Run
Bethania
Biscoe
Boonville
Burlington
Clemmons
Coolemeec
Danbury
Denton
Dobson
East Bend
Eden
Elkin
Elon
Franklinville
Gibsonville
Graham
Green Level
Greensboro
Haw River
High Point
Jamestown
Jonesville
Kernersville
King
Lewisville
Lexington
Liberty
Madison
Mayodan
McBane
Midway
Mocksville
Mount Airy
Mt. Gilead
Oak Ridge
Pilot Mountain
Pleasant Garden
Ramsour
Randleman
Reidsville
Rural Hall
Seagrove
Staley
Stokesdale
Stoneville
Summerfield
Thomasville
Tobaccoville
Trinity
Troy
Village of Alamance
Walkertown
Walnut Cove
Wentworth
Whitsett
Winston-Salem
Yadkinville
Yanceyville



PIEDMONT TRIAD REGIONAL COUNCIL

BOARD OF DELEGATES

A-G-E-N-D-A

TRIAD PARK

WOODLAND HALL

9652 E. MOUNTAIN STREET, KERNERSVILLE

WEDNESDAY, DECEMBER 7, 2011

12:00 NOON

WELCOME INVOCATION PLEDGE

A. ELECTION OF OFFICERS

"Please note: Article II, Section 3, PTRC Bylaws reads as follows:

Section 3. Terms

The officers shall serve for one year or until their successors have been duly elected. If the Chair is a Delegate of a county government, the Vice-Chair must be a Delegate of a municipal government and vice versa. The Chair and Vice-Chair must come from different counties. An officer may not serve more than two consecutive one-year terms in the same office. Eligibility to hold a Council office shall be a minimum of one year as a Council Delegate.

B. APPROVAL OF MINUTES

- Request for approval of October 19, 2011, PTRC Board of Delegates Minutes

C. ACTION ITEM

1. Request for approval of Resolution of Appreciation to Outgoing Delegates (*attachment*)
2. Authorization to enter into contract for Mountain 2 Sea Plug In Electric Vehicle Readiness Plan – Hanna Cockburn, PTRC Regional Planning Programs Manager (*attachment*)

D. PRESENTATION

"PTRC Programs Overview", by Matthew Dolge, PTRC Executive Director

E. EXECUTIVE DIRECTOR'S REPORT

F. OLD BUSINESS

G. NEW BUSINESS

H. INFORMATIONAL ITEMS

1. ROAP Funding (Rural Operating Assistance Program (*attachment*))
2. Incumbent Worker Grant (*attachment*)

I. CHAIRMAN'S REMARKS AND ANNOUNCEMENTS

- **FEBRUARY PTRC Board of Delegates meeting – Wednesday, February 15, 2012, 12 NOON**, Paul J. Ciener Botanical Gardens, 215 S. Main Street, Kernersville, NC

J. ADJOURNMENT



PIEDMONT TRIAD REGIONAL COUNCIL

Resolution of **A**ppreciation

WHEREAS the Piedmont Triad Regional Council is a voluntary association of local governments, working together to identify and address common needs and issues; and

WHEREAS the Piedmont Triad Regional Council is dependent upon the existence of a spirit of intergovernmental cooperation among its members in order to achieve its goals; and

WHEREAS each member of the Piedmont Triad Regional Council Board of Delegates' has worked diligently to promote this spirit of intergovernmental cooperation and to make prudent policy decisions concerning matters having areawide significance; and

WHEREAS 15 members of the Piedmont Triad Regional Council Board of Delegates' have completed their term of service;

NOW, THEREFORE, BE IT RESOLVED that the Piedmont Triad Regional Council make known its gratitude to John Ferguson, Bermuda Run, Bonnie Laksy, Boonville, Jerry Grazier, Franklinville, Bob Prescott, Kernersville, Pike Johnson, Liberty, Dwight Lake, Mayodan, Earl Poplin, Mt. Gilead, Cheryl Steele, Stokesdale, Jimmy Blake, Biscoe, Gill Ripley, Elkin, Mary Rakestraw, Greensboro, Larry Beck, Lexington, Jerry Welch, Madison, George Byrum, Midway, and Bill Greene, Pleasant Garden, for their exemplary service to this Board of Delegates on behalf of the citizens of North Carolina Multi-County Planning Region G.

Adopted this seventh day of December, 2011.

CHAIRMAN
PIEDMONT TRIAD REGIONAL COUNCIL

EXECUTIVE DIRECTOR

M-E-M-O-R-A-N-D-U-M

TO: PTRC Board of Delegates

FROM: Hanna Cockburn, PTRC Regional Planning Programs Manager

DATE: November 29, 2011

RE: Authorization to enter into contract for Mountain 2 Sea Plug In Electric Vehicle Readiness Plan

ITEM #: C2

Background

The Department of Energy awarded a *plug-in electric vehicle community readiness planning grant* to a North Carolina coalition of regional councils, energy providers and university researchers. As part of this coalition, PTRC will receive \$15,000 to participate in the development of regional and statewide plans for plug-in electric vehicle infrastructure. PTRC staff will work in partnership with the NC Solar Center and Advanced Energy to identify local stakeholders and develop a regional plan addressing specific policy and infrastructure needs for the Triad. The project will result in a regional planning document complete by January 2013. No matching funds are required.

Staff requests authorization to enter into contract with the Centralina Council of Governments, as administrator of the DOE grant award.

M-E-M-O-R-A-N-D-U-M

TO: PTRC Board of Delegates
FROM: TriadWorks
DATE: November 29, 2011
RE: ROAP Funding (Rural Operating Assistance Program)-(Information Only)
ITEM #: H1

TriadWorks is submitting to the Board of Delegates transportation survey requests for review. The survey was generated by the local transportation provider. The Workforce Boards provided the local transportation provider of ROAP (Rural Operating Assistance Program) an estimate of the level of transportation support jobseekers would need that access the workforce delivery system (JobLink) and are primarily engaged in employment service activities.

The funds can be used for gas vouchers, bus passes and car repairs (limited). Policy has been developed to determine eligibility for the funding support.

TriadWorks Directors will send copies of their individual requests to each county manager's office. This agenda item is intended to bring awareness of the resources that are being requested to support the jobseekers and youth in your counties. This funding will be used to leverage current WIA (Workforce Investment Act) funding. Please note county requests:

Alamance	\$25,000
Caswell	\$100,000 also includes: Franklin, Granville, Person, Vance and Warren
Davie	\$14,000
Forsyth	\$12,500
Montgomery	\$7,000
Randolph	\$25,000
Rockingham	\$12,000
Stokes	\$14,000
Surry	\$14,000
Yadkin	\$14,000
Total	\$237,500

Transportation Services and Needs Survey

FY2012 Rural Operating Assistance Program

Name of County	Alamance
Name of Agency or Organization	Regional Partnership WDB
Mailing Address	PO Box 1683, Asheboro NC 27204
Person Completing this Survey	Linda Parker
Person's Job Title	Workforce Development Director
Person's Phone Number	336-826-5141
Person's Email Address	lparker@regionalcs.org
Signature of Agency or Organization Director	<i>Linda Parker</i>

Do you provide any client transportation in agency vehicles?	Which agency vehicles are used to provide client transportation?	What other ways do you provide client transportation?	Purpose of Client Trips	Which of these groups do you serve?
None <input type="checkbox"/>	Sedans <input type="checkbox"/>	Transit System-Urban <input type="checkbox"/>	Work <input type="checkbox"/>	Elderly <input type="checkbox"/>
Some <input checked="" type="checkbox"/>	15 passenger vans <input type="checkbox"/>	Transit System-Rural <input type="checkbox"/>	Medical/Dental/Pharm <input type="checkbox"/>	Disabled <input type="checkbox"/>
All <input type="checkbox"/>	Minivans <input type="checkbox"/>	Private Provider <input type="checkbox"/>	Recreation <input type="checkbox"/>	Low Income <input checked="" type="checkbox"/>
	Light Transit Vehicles <input type="checkbox"/>	Taxi <input type="checkbox"/>	Education/Training <input checked="" type="checkbox"/>	Other <input checked="" type="checkbox"/>
	Employees Cars <input checked="" type="checkbox"/>	Volunteers <input type="checkbox"/>	Agency Appointments <input type="checkbox"/>	
	Volunteer drivers in agency cars <input type="checkbox"/>	Mileage reimbursement to client <input checked="" type="checkbox"/>	Nutrition/Grocery Shopping <input type="checkbox"/>	
		None <input type="checkbox"/>	Other <input type="checkbox"/>	

Which of these Federal transportation funding sources do you receive now?				Cost of a one-way trip for a client provided in an agency vehicle	
Centers for Independent Living	<input type="checkbox"/>	Migrant and Seasonal Farm Worker	<input type="checkbox"/>	Per mile	\$.43 cents
Child Care and Development Block Grant	<input type="checkbox"/>	Native American Employment and Training	<input type="checkbox"/>	Per trip	Varies
Community Health Centers	<input type="checkbox"/>	Promoting Safe and Stable Families	<input type="checkbox"/>	Per another basis	\$
Community Mental Health Services Block Grant	<input type="checkbox"/>	Refugee and Entrant Assistance Programs	<input type="checkbox"/>	Client trip destination(s)	
DHHS - Community Services Block Grant	<input type="checkbox"/>	Rural Health Care Network or Outreach Program	<input type="checkbox"/>	In county	<input checked="" type="checkbox"/>
Food Stamp and Employment Training Program	<input type="checkbox"/>	Social Service Block Grant	<input type="checkbox"/>	Out of County	<input checked="" type="checkbox"/>
Grants for Supportive Services and Senior Centers	<input type="checkbox"/>	State Developmental Disabilities Council and Protection & Advocacy	<input type="checkbox"/>	Do you have a service contract with the Community Transit System in the county?	
Head Start	<input type="checkbox"/>	Supportive Housing Programs	<input type="checkbox"/>		
Healthy Communities Program	<input type="checkbox"/>	Temporary Assist to Needy Families	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Healthy Start Initiative	<input type="checkbox"/>	Ticket to Work Program	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Home and Community Based Waiver	<input type="checkbox"/>	Veterans Employment Program	<input type="checkbox"/>		
Homeless Provider Grants	<input type="checkbox"/>	Vocallon Rehab Grants	<input type="checkbox"/>		
Homeless Vet Project	<input type="checkbox"/>	Welfare to Work for States, Locals & Tribes	<input type="checkbox"/>		
HUD - Community Development Block Grant	<input type="checkbox"/>	Work Incentive Grants	<input type="checkbox"/>		
Independent Living Grants	<input type="checkbox"/>	Workforce Investment Act Adult Dislocated Worker Program	<input checked="" type="checkbox"/>		
Job Corps	<input type="checkbox"/>	Workforce Investment Act Adult Services Program	<input checked="" type="checkbox"/>		
Maternal and Child Health Block Grant	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>		

If new funding was available, describe the new transportation services you could provide with this funding:	How much funding is needed to provide the service?
Need: I would be able to provide our clients with transportation to drop off and pick up their children from daycare during those days they are in training; transportation assistance to and from training as our support funds do not equal the need. in addition could provide transportation to and from healthcare providers	\$ 25,000
Need:	\$
Need:	\$

Transportation Services and Needs Survey
FY2012 Rural Operating Assistance Program

Name of County	Rockingham
Name of Agency or Organization	Piedmont Triad Regional Council
Mailing Address	400 W. 4 th street, suite 400 Winston salem, NC 27101
Person Completing this Survey	Althea Hairston
Person's Job Title	Workforce Development Director
Person's Phone Number	338-761-2111
Person's Email Address	ahalston@ptrc.org
Signature of Agency or Organization Director	<i>Althea Hairston</i>

Do you provide any client transportation in agency vehicles?	Which agency vehicles are used to provide client transportation?	What other ways do you provide client transportation?	Purpose of Client Trips	Which of these groups do you serve?
None <input type="checkbox"/>	Sedans <input checked="" type="checkbox"/>	Transit System-Urban <input checked="" type="checkbox"/>	Work <input checked="" type="checkbox"/>	Elderly <input type="checkbox"/>
Some <input checked="" type="checkbox"/>	15 passenger vans <input checked="" type="checkbox"/>	Transit System-Rural <input checked="" type="checkbox"/>	Medical/Dental/Pharm <input type="checkbox"/>	Disabled <input checked="" type="checkbox"/>
All <input type="checkbox"/>	Minivans <input type="checkbox"/>	Private Provider <input checked="" type="checkbox"/>	Recreation <input type="checkbox"/>	Low Income <input checked="" type="checkbox"/>
	Light Transit Vehicles <input type="checkbox"/>	Taxi <input type="checkbox"/>	Education/Training <input checked="" type="checkbox"/>	Other <input checked="" type="checkbox"/>
	Employees Cars <input type="checkbox"/>	Volunteers <input type="checkbox"/>	Agency Appointments <input type="checkbox"/>	
	Volunteer drivers in agency cars <input type="checkbox"/>	Mileage reimbursement to client <input checked="" type="checkbox"/>	Nutrition/Grocery Shopping <input type="checkbox"/>	
		None <input type="checkbox"/>	Other <input type="checkbox"/>	

Which of these Federal transportation funding sources do you receive now?				Cost of a one-way trip for a client provided in an agency vehicle	
Centers for Independent Living <input type="checkbox"/>	Migrant and Seasonal Farm Worker <input type="checkbox"/>	Per mile	\$.51		
Child Care and Development Block Grant <input type="checkbox"/>	Native American Employment and Training <input type="checkbox"/>	Per trip	\$		
Community Health Centers <input type="checkbox"/>	Promoting Safe and Stable Families <input type="checkbox"/>	Per another basis	\$		
Community Mental Health Services Block Grant <input type="checkbox"/>	Refugee and Entrant Assistance Programs <input type="checkbox"/>	Client trip destination(s)			
DHHS - Community Services Block Grant <input type="checkbox"/>	Rural Health Care Network or Outreach Program <input type="checkbox"/>				
Food Stamp and Employment Training Program <input type="checkbox"/>	Social Service Block Grant <input type="checkbox"/>	In county <input checked="" type="checkbox"/>			
Grants for Supportive Services and Senior Centers <input type="checkbox"/>	State Developmental Disabilities Council and Protection & Advocacy <input type="checkbox"/>				
Head Start <input type="checkbox"/>	Supportive Housing Programs <input type="checkbox"/>	Out of County <input checked="" type="checkbox"/>			
Healthy Communities Program <input type="checkbox"/>	Temporary Assist to Needy Families <input type="checkbox"/>				
Healthy Start Initiative <input type="checkbox"/>	Ticket to Work Program <input type="checkbox"/>	Do you have a service contract with the Community Transit System in the county?			
Home and Community Based Waiver <input type="checkbox"/>	Veterans Employment Program <input type="checkbox"/>				
Homeless Provider Grants <input type="checkbox"/>	Vocational Rehab Grants <input type="checkbox"/>	Yes <input type="checkbox"/>			
Homeless Vet Project <input type="checkbox"/>	Welfare to Work for States, Locals & Tribes <input type="checkbox"/>				
HUD - Community Development Block Grant <input type="checkbox"/>	Work Incentive Grants <input type="checkbox"/>	No <input checked="" type="checkbox"/>			
Independent Living Grants <input type="checkbox"/>	Workforce Investment Act Adult Dislocated Worker Program <input checked="" type="checkbox"/>				
Job Corps <input type="checkbox"/>	Workforce Investment Act Adult Services Program <input checked="" type="checkbox"/>				
Maternal and Child Health Block Grant <input type="checkbox"/>	Other <input checked="" type="checkbox"/>				

If new funding was available, describe the new transportation services you could provide with this funding:	How much funding is needed to provide the service?
Need: Car Repairs	\$ 5,000
Need: Gas Cards	\$ 7,000
Need: Bus Passes	\$

Transportation Services and Needs Survey
FY2012 Rural Operating Assistance Program

Name of County	Forsyth
Name of Agency or Organization	Piedmont Triad Regional Council
Mailing Address	400 W. 4 th street, suite 400 Winston salem, NC 27101
Person Completing this Survey	Althea Hairston
Person's Job Title	Workforce Director
Person's Phone Number	336-781-2111
Person's Email Address	ahalrston@ptrc.org
Signature of Agency or Organization Director	<i>Althea Hairston</i>

Do you provide any client transportation in agency vehicles?	Which agency vehicles are used to provide client transportation?	What other ways do you provide client transportation?	Purpose of Client Trips	Which of these groups do you serve?
None <input type="checkbox"/>	Sedans <input checked="" type="checkbox"/>	Transit System-Urban <input checked="" type="checkbox"/>	Work <input checked="" type="checkbox"/>	Elderly <input type="checkbox"/>
Some <input checked="" type="checkbox"/>	15 passenger vans <input checked="" type="checkbox"/>	Transit System-Rural <input checked="" type="checkbox"/>	Medical/Dental/Pharm <input type="checkbox"/>	Disabled <input checked="" type="checkbox"/>
All <input type="checkbox"/>	Minivans <input type="checkbox"/>	Private Provider <input checked="" type="checkbox"/>	Recreation <input type="checkbox"/>	Low Income <input checked="" type="checkbox"/>
	Light Transit Vehicles <input type="checkbox"/>	Taxi <input type="checkbox"/>	Education/Training <input checked="" type="checkbox"/>	Other <input checked="" type="checkbox"/>
	Employees Cars <input type="checkbox"/>	Volunteers <input type="checkbox"/>	Agency Appointments <input type="checkbox"/>	
	Volunteer drivers in agency cars <input type="checkbox"/>	Mileage reimbursement to client <input checked="" type="checkbox"/>	Nutrition/Grocery Shopping <input type="checkbox"/>	
		None <input type="checkbox"/>	Other <input type="checkbox"/>	

Which of these Federal transportation funding sources do you receive now?				Cost of a one-way trip for a client provided in an agency vehicle	
Centers for Independent Living <input type="checkbox"/>	Migrant and Seasonal Farm Worker <input type="checkbox"/>	Per mile	\$.51	Client trip destination(s)	
Child Care and Development Block Grant <input type="checkbox"/>	Native American Employment and Training <input type="checkbox"/>	Per trip	\$		
Community Health Centers <input type="checkbox"/>	Promoting Safe and Stable Families <input type="checkbox"/>	Per another basis	\$		
Community Mental Health Services Block Grant <input type="checkbox"/>	Refugee and Entrant Assistance Programs <input type="checkbox"/>			In county <input checked="" type="checkbox"/>	
DHHS - Community Services Block Grant <input type="checkbox"/>	Rural Health Care Network or Outreach Program <input type="checkbox"/>				
Food Stamp and Employment Training Program <input type="checkbox"/>	Social Service Block Grant <input type="checkbox"/>			Do you have a service contract with the Community Transit System in the county? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Grants for Supportive Services and Senior Centers <input type="checkbox"/>	State Developmental Disabilities Council and Protection & Advocacy <input type="checkbox"/>				
Head Start <input type="checkbox"/>	Supportive Housing Programs <input type="checkbox"/>				
Healthy Communities Program <input type="checkbox"/>	Temporary Assist to Needy Families <input type="checkbox"/>				
Healthy Start Initiative <input type="checkbox"/>	Ticket to Work Program <input type="checkbox"/>				
Home and Community Based Waiver <input type="checkbox"/>	Veterans Employment Program <input type="checkbox"/>				
Homeless Provider Grants <input type="checkbox"/>	Vocation Rehab Grants <input type="checkbox"/>				
Homeless Vet Project <input type="checkbox"/>	Welfare to Work for States, Locals & Tribes <input type="checkbox"/>				
HUD - Community Development Block Grant <input type="checkbox"/>	Work Incentive Grants <input type="checkbox"/>				
Independent Living Grants <input type="checkbox"/>	Workforce Investment Act Adult Dislocated Worker Program <input checked="" type="checkbox"/>				
Job Corps <input type="checkbox"/>	Workforce Investment Act Adult Services Program <input checked="" type="checkbox"/>				
Maternal and Child Health Block Grant <input type="checkbox"/>	Other <input checked="" type="checkbox"/>				

If new funding was available, describe the new transportation services you could provide with this funding:	How much funding is needed to provide the service?
Need: Car Repairs	\$ 5,000
Need: Gas Cards	\$ 5,000
Need: Bus passes	\$ 2,500

Transportation Services and Needs Survey
FY2012 Rural Operating Assistance Program

Name of County	Davie, Stokes, Surry and Yadkin Counties
Name of Agency or Organization	Piedmont Triad Regional Council
Mailing Address	400 W. 4 th street, suite 400 Winston salem, NC 27101
Person Completing this Survey	Althea Hairston
Person's Job Title	Workforce Development Director
Person's Phone Number	336-761-2111
Person's Email Address	ahairston@ptrc.org
Signature of Agency or Organization Director	<i>Althea Hairston</i>

Do you provide any client transportation in agency vehicles?	Which agency vehicles are used to provide client transportation?	What other ways do you provide client transportation?	Purpose of Client Trips	Which of these groups do you serve?
None <input type="checkbox"/>	Sedans <input checked="" type="checkbox"/>	Transit System-Urban <input checked="" type="checkbox"/>	Work <input checked="" type="checkbox"/>	Elderly <input type="checkbox"/>
Some <input checked="" type="checkbox"/>	15 passenger vans <input checked="" type="checkbox"/>	Transit System-Rural <input checked="" type="checkbox"/>	Medical/Dental/Pharm <input type="checkbox"/>	Disabled <input checked="" type="checkbox"/>
All <input type="checkbox"/>	Minivans <input type="checkbox"/>	Private Provider <input checked="" type="checkbox"/>	Recreation <input type="checkbox"/>	Low Income <input checked="" type="checkbox"/>
	Light Transit Vehicles <input type="checkbox"/>	Taxi <input type="checkbox"/>	Education/Training <input checked="" type="checkbox"/>	Other <input checked="" type="checkbox"/>
	Employees Cars <input type="checkbox"/>	Volunteers <input type="checkbox"/>	Agency Appointments <input type="checkbox"/>	
	Volunteer drivers in agency cars <input type="checkbox"/>	Mileage reimbursement to client <input checked="" type="checkbox"/>	Nutrition/Grocery Shopping <input type="checkbox"/>	
		None <input type="checkbox"/>	Other <input type="checkbox"/>	

Which of these Federal transportation funding sources do you receive now?		Cost of a one-way trip for a client provided in an agency vehicle	
Centers for Independent Living <input type="checkbox"/>	Migrant and Seasonal Farm Worker <input type="checkbox"/>	Per mile	\$.51
Child Care and Development Block Grant <input type="checkbox"/>	Native American Employment and Training <input type="checkbox"/>	Per trip	\$
Community Health Centers <input type="checkbox"/>	Promoting Safe and Stable Families <input type="checkbox"/>	Per another basis	\$
Community Mental Health Services Block Grant <input type="checkbox"/>	Refugee and Entrant Assistance Programs <input type="checkbox"/>	Client trip destination(s)	
DHHS - Community Services Block Grant <input type="checkbox"/>	Rural Health Care Network or Outreach Program <input type="checkbox"/>	In county	<input checked="" type="checkbox"/>
Food Stamp and Employment Training Program <input type="checkbox"/>	Social Service Block Grant <input type="checkbox"/>	Out of County	<input checked="" type="checkbox"/>
Grants for Supportive Services and Senior Centers <input type="checkbox"/>	State Developmental Disabilities Council and Protection & Advocacy <input type="checkbox"/>	Do you have a service contract with the Community Transit System in the county?	
Head Start <input type="checkbox"/>	Supportive Housing Programs <input type="checkbox"/>	Yes	<input type="checkbox"/>
Healthy Communities Program <input type="checkbox"/>	Temporary Assist to Needy Families <input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Healthy Start Initiative <input type="checkbox"/>	Ticket to Work Program <input type="checkbox"/>		
Home and Community Based Waiver <input type="checkbox"/>	Veterans Employment Program <input type="checkbox"/>		
Homeless Provider Grants <input type="checkbox"/>	Vocational Rehab Grants <input type="checkbox"/>		
Homeless Vet Project <input type="checkbox"/>	Welfare to Work for States, Locals & Tribes <input type="checkbox"/>		
HUD - Community Development Block Grant <input type="checkbox"/>	Work Incentive Grants <input type="checkbox"/>		
Independent Living Grants <input type="checkbox"/>	Workforce Investment Act Adult Dislocated Worker Program <input checked="" type="checkbox"/>		
Job Corps <input type="checkbox"/>	Workforce Investment Act Adult Services Program <input checked="" type="checkbox"/>		
Maternal and Child Health Block Grant <input type="checkbox"/>	Other <input checked="" type="checkbox"/>		

If new funding was available, describe the new transportation services you could provide with this funding:	How much funding is needed to provide the service?
Need: Car Repairs	\$ 5,000
Need: Gas Cards	\$ 7,000
Need: Bus Passes	\$ 2,000

Transportation Services and Needs Survey

FY2012 Rural Operating Assistance Program

Name of County	Montgomery
Name of Agency or Organization	Regional Partnership WDB
Mailing Address	PO Box 1883, Asheboro NC 27204
Person Completing this Survey	Linda Parker
Person's Job Title	Workforce Development Director
Person's Phone Number	336-628-5141
Person's Email Address	lparker@regionalca.org
Signature of Agency or Organization Director	<i>Linda Parker</i>

Do you provide any client transportation in agency vehicles?	Which agency vehicles are used to provide client transportation?	What other ways do you provide client transportation?	Purpose of Client Trips	Which of these groups do you serve?
None <input type="checkbox"/>	Sedans <input type="checkbox"/>	Transit System-Urban <input type="checkbox"/>	Work <input type="checkbox"/>	Elderly <input type="checkbox"/>
Some <input checked="" type="checkbox"/>	15 passenger vans <input type="checkbox"/>	Transit System-Rural <input type="checkbox"/>	Medical/Dental/Pharm <input type="checkbox"/>	Disabled <input type="checkbox"/>
All <input type="checkbox"/>	Minivans <input type="checkbox"/>	Private Provider <input type="checkbox"/>	Recreation <input type="checkbox"/>	Low Income <input checked="" type="checkbox"/>
	Light Transit Vehicles <input type="checkbox"/>	Taxi <input type="checkbox"/>	Education/Training <input checked="" type="checkbox"/>	Other <input checked="" type="checkbox"/>
	Employees Cars <input checked="" type="checkbox"/>	Volunteers <input type="checkbox"/>	Agency Appointments <input type="checkbox"/>	
	Volunteer drivers in agency cars <input type="checkbox"/>	Mileage reimbursement to client <input checked="" type="checkbox"/>	Nutrition/Grocery Shopping <input type="checkbox"/>	
		None <input type="checkbox"/>	Other <input type="checkbox"/>	

Which of these Federal transportation funding sources do you receive now?				Cost of a one-way trip for a client provided in an agency vehicle	
Centers for Independent Living	<input type="checkbox"/>	Migrant and Seasonal Farm Worker	<input type="checkbox"/>	Per mile	\$.43 cents
Child Care and Development Block Grant	<input type="checkbox"/>	Native American Employment and Training	<input type="checkbox"/>	Per trip	\$varies
Community Health Centers	<input type="checkbox"/>	Promoting Safe and Stable Families	<input type="checkbox"/>	Per another basis	\$
Community Mental Health Services Block Grant	<input type="checkbox"/>	Refugee and Entrant Assistance Programs	<input type="checkbox"/>	Client trip destination(s)	
DHHS - Community Services Block Grant	<input type="checkbox"/>	Rural Health Care Network or Outreach Program	<input type="checkbox"/>	In county	<input checked="" type="checkbox"/>
Food Stamp and Employment Training Program	<input type="checkbox"/>	Social Service Block Grant	<input type="checkbox"/>	Out of County	<input checked="" type="checkbox"/>
Grants for Supportive Services and Senior Centers	<input type="checkbox"/>	State Developmental Disabilities Council and Protection & Advocacy	<input type="checkbox"/>	Do you have a service contract with the Community Transit System in the county?	
Head Start	<input type="checkbox"/>	Supportive Housing Programs	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Healthy Communities Program	<input type="checkbox"/>	Temporary Assst to Needy Families	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Healthy Start Initiative	<input type="checkbox"/>	Ticket to Work Program	<input type="checkbox"/>		
Home and Community Based Waiver	<input type="checkbox"/>	Veterans Employment Program	<input type="checkbox"/>		
Homeless Provider Grants	<input type="checkbox"/>	Vocation Rehab Grants	<input type="checkbox"/>		
Homeless Vet Project	<input type="checkbox"/>	Welfare to Work for States, Locals & Tribes	<input type="checkbox"/>		
HUD - Community Development Block Grant	<input type="checkbox"/>	Work Incentive Grants	<input type="checkbox"/>		
Independent Living Grants	<input type="checkbox"/>	Workforce Investment Act Adult Dislocated Worker Program	<input checked="" type="checkbox"/>		
Job Corps	<input type="checkbox"/>	Workforce Investment Act Adult Services Program	<input checked="" type="checkbox"/>		
Maternal and Child Health Block Grant	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>		

If new funding was available, describe the new transportation services you could provide with this funding:	How much funding is needed to provide the service?
Need: I would be able to provide our clients with transportation to drop off and pick up their children from daycare during those days they are in training; transportation assistance to and from training as our support funds do not equal the need. in addition could provide transportation to and from healthcare providers	\$ 7,000
Need:	\$
Need:	\$

Transportation Services and Needs Survey

FY2012 Rural Operating Assistance Program

Name of County	Randolph
Name of Agency or Organization	Regional Partnership WDB
Mailing Address	PO Box 1883, Asheboro NC 27204
Person Completing this Survey	Linda Parker
Person's Job Title	Workforce Development Director
Person's Phone Number	336-829-5141
Person's Email Address	lparker@regionalcs.org
Signature of Agency or Organization Director	<i>Linda Parker</i>

Do you provide any client transportation in agency vehicles?	Which agency vehicles are used to provide client transportation?	What other ways do you provide client transportation?	Purpose of Client Trips	Which of these groups do you serve?
None <input type="checkbox"/>	Sedans <input type="checkbox"/>	Transit System-Urban <input type="checkbox"/>	Work <input type="checkbox"/>	Elderly <input type="checkbox"/>
Some <input checked="" type="checkbox"/>	15 passenger vans <input type="checkbox"/>	Transit System-Rural <input type="checkbox"/>	Medical/Dental/Pharm <input type="checkbox"/>	Disabled <input type="checkbox"/>
All <input type="checkbox"/>	Minivans <input type="checkbox"/>	Private Provider <input type="checkbox"/>	Recreation <input type="checkbox"/>	Low Income <input checked="" type="checkbox"/>
	Light Transit Vehicles <input type="checkbox"/>	Taxi <input type="checkbox"/>	Education/Training <input checked="" type="checkbox"/>	Other <input checked="" type="checkbox"/>
	Employees Cars <input checked="" type="checkbox"/>	Volunteers <input type="checkbox"/>	Agency Appointments <input type="checkbox"/>	
	Volunteer drivers in agency cars <input type="checkbox"/>	Mileage reimbursement to client <input checked="" type="checkbox"/>	Nutrition/Grocery Shopping <input type="checkbox"/>	
		None <input type="checkbox"/>	Other <input type="checkbox"/>	

Which of these Federal transportation funding sources do you receive now?				Cost of a one-way trip for a client provided in an agency vehicle	
Centers for Independent Living <input type="checkbox"/>	Migrant and Seasonal Farm Worker <input type="checkbox"/>	Par mile	\$.43 cents		
Child Care and Development Block Grant <input type="checkbox"/>	Native American Employment and Training <input type="checkbox"/>	Per trip	\$ varies		
Community Health Centers <input type="checkbox"/>	Promoting Safe and Stable Families <input type="checkbox"/>	Per another basis	\$		
Community Mental Health Services Block Grant <input type="checkbox"/>	Refugee and Entrant Assistance Programs <input type="checkbox"/>	Client trip destination(s)			
DHHS - Community Services Block Grant <input type="checkbox"/>	Rural Health Care Network or Outreach Program <input type="checkbox"/>				
Food Stamp and Employment Training Program <input type="checkbox"/>	Social Service Block Grant <input type="checkbox"/>	In county	<input checked="" type="checkbox"/>		
Grants for Supportive Services and Senior Centers <input type="checkbox"/>	State Developmental Disabilities Council and Protection & Advocacy <input type="checkbox"/>	Out of County	<input checked="" type="checkbox"/>		
Head Start <input type="checkbox"/>	Supportive Housing Programs <input type="checkbox"/>	Do you have a service contract with the Community Transit System in the county?			
Healthy Communities Program <input type="checkbox"/>	Temporary Assist to Needy Families <input type="checkbox"/>				
Healthy Start Initiative <input type="checkbox"/>	Ticket to Work Program <input type="checkbox"/>	Yes	<input type="checkbox"/>		
Home and Community Based Waiver <input type="checkbox"/>	Veterans Employment Program <input type="checkbox"/>	No	<input checked="" type="checkbox"/>		
Homeless Provider Grants <input type="checkbox"/>	Vocation Rehab Grants <input type="checkbox"/>				
Homeless Vet Project <input type="checkbox"/>	Welfare to Work for States, Locals & Tribes <input type="checkbox"/>				
HUD - Community Development Block Grant <input type="checkbox"/>	Work Incentive Grants <input type="checkbox"/>				
Independent Living Grants <input type="checkbox"/>	Workforce Investment Act Adult Dislocated Worker Program <input checked="" type="checkbox"/>				
Job Corps <input type="checkbox"/>	Workforce Investment Act Adult Services Program <input checked="" type="checkbox"/>				
Maternal and Child Health Block Grant <input type="checkbox"/>	Other <input checked="" type="checkbox"/>				

If new funding was available, describe the new transportation services you could provide with this funding:	How much funding is needed to provide the service?
Need: I would be able to provide our clients with transportation to drop off and pick up their children from daycare during those days they are in training; transportation assistance to and from training as our support funds do not equal the need. In addition could provide transportation to and from healthcare providers	\$ 25,000
Need:	\$
Need:	\$

Transportation Services and Needs Survey
FY2012 Rural Operating Assistance Program

Name of County	Caswell, Franklin, Granville, Person, Vance, Warren
Name of Agency or Organization	Kerr-Tar Council of Governments WDB
Mailing Address	PO Box 709
Person Completing this Survey	Vincent Gilreath
Person's Job Title	Workforce Development Director
Person's Phone Number	282-436-2062
Person's Email Address	vgilreath@kerrtarco.org
Signature of Agency or Organization Director	

Do you provide any client transportation in agency vehicles?	Which agency vehicles are used to provide client transportation?	What other ways do you provide client transportation?	Purpose of Client Trips	Which of these groups do you serve?
None <input checked="" type="checkbox"/>	Sedans <input type="checkbox"/>	Transit System-Urban <input type="checkbox"/>	Work <input type="checkbox"/>	Elderly <input type="checkbox"/>
Some <input type="checkbox"/>	15 passenger vans <input type="checkbox"/>	Transit System-Rural <input type="checkbox"/>	Medical/Dental/Pharm <input type="checkbox"/>	Disabled <input type="checkbox"/>
All <input type="checkbox"/>	Minivans <input type="checkbox"/>	Private Provider <input type="checkbox"/>	Recreation <input type="checkbox"/>	Low Income <input type="checkbox"/>
	Light Transit Vehicles <input type="checkbox"/>	Taxi <input type="checkbox"/>	Education/Training <input type="checkbox"/>	Other <input type="checkbox"/>
	Employees Cars <input type="checkbox"/>	Volunteers <input type="checkbox"/>	Agency Appointments <input type="checkbox"/>	
	Volunteer drivers in agency cars <input type="checkbox"/>	Mileage reimbursement to client <input type="checkbox"/>	Nutrition/Grocery Shopping <input type="checkbox"/>	
		None <input type="checkbox"/>	Other <input type="checkbox"/>	

Which of these Federal transportation funding sources do you receive now?				Cost of a one-way trip for a client provided in an agency vehicle	
Centers for Independent Living <input type="checkbox"/>	Migrant and Seasonal Farm Worker <input type="checkbox"/>			Per mile	\$
Child Care and Development Block Grant <input type="checkbox"/>	Native American Employment and Training <input type="checkbox"/>			Per trip	\$
Community Health Centers <input type="checkbox"/>	Promoting Safe and Stable Families <input type="checkbox"/>			Per another basis	\$
Community Mental Health Services Block Grant <input type="checkbox"/>	Refugee and Entrant Assistance Programs <input type="checkbox"/>				
DHHS - Community Services Block Grant <input type="checkbox"/>	Rural Health Care Network or Outreach Program <input type="checkbox"/>				
Food Stamp and Employment Training Program <input type="checkbox"/>	Social Service Block Grant <input type="checkbox"/>				
Grants for Supportive Services and Senior Centers <input type="checkbox"/>	State Developmental Disabilities Council and Protection & Advocacy <input type="checkbox"/>			Client trip destination(s)	
Head Start <input type="checkbox"/>	Supportive Housing Programs <input type="checkbox"/>				
Healthy Communities Program <input type="checkbox"/>	Temporary Assist to Needy Families <input type="checkbox"/>			In county	<input type="checkbox"/>
Healthy Start Initiative <input type="checkbox"/>	Ticket to Work Program <input type="checkbox"/>			Out of County	<input type="checkbox"/>
Home and Community Based Waiver <input type="checkbox"/>	Veterans Employment Program <input type="checkbox"/>				
Homeless Provider Grants <input type="checkbox"/>	Vocation Rehab Grants <input type="checkbox"/>			Do you have a service contract with the Community Transit System in the county?	
Homeless Vet Project <input type="checkbox"/>	Welfare to Work for States, Locals & Tribes <input type="checkbox"/>				
HUD - Community Development Block Grant <input type="checkbox"/>	Work Incentive Grants <input type="checkbox"/>				
Independent Living Grants <input type="checkbox"/>	Workforce Investment Act Adult Dislocated Worker Program <input checked="" type="checkbox"/>			Yes	<input type="checkbox"/>
Job Corps <input type="checkbox"/>	Workforce Investment Act Adult Services Program <input checked="" type="checkbox"/>			No	<input checked="" type="checkbox"/>
Maternal and Child Health Block Grant <input type="checkbox"/>	Other <input type="checkbox"/>				

If new funding was available, describe the new transportation services you could provide with this funding:	How much funding is needed to provide the service?
Need: Employment related transportation (Trips for interviews, and transportation to work for multiple shifts)	\$ 100,000
Need:	\$
Need:	\$

M-E-M-O-R-A-N-D-U-M

TO: PTRC Board of Delegates
FROM: Workforce Development
DATE: November 23, 2011
RE: Incumbent Worker Grant (Information Only)
ITEM #: H2

Business Services staff assisted Hayward Industries in writing an Incumbent Worker Grant that has resulted in a total grant award of \$10,395.00. Hayward is located in Clemmons and has a total of 545 employees. They plan to train 35 associates in Basic Computer Literacy in order to prepare them for advancement opportunities when they arise, and they plan to train 10 leaders/supervisors so they can be certified in leadership skills.