



SPECIAL SESSION

Executive Committee Meeting

October 7, 2026
8:00 a.m.



1215 Olive Drive
Recruitment Center



Executive Committee Agenda

Date: October 7, 2026

Time: 8:00 a.m.

Location: Recruitment Center – 1215 Olive Drive

Dial In #: (831) 296-3421

Access Code: 726 122 907#

Members:

Leo Bautista
Kelly Bearden
Cody Brooks
Devin Brown
Brandon Evans

Lizette Gomez
Greg Knittel
Brenda Mendivel
Alissa Reed

Norma Rojas-Mora
Season Susko
Kenny Spratt
Michele Warren
Kristen Watson

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I. Introductions

II. Public Comments

This portion of the meeting is reserved for persons to address the Committee on any matter not on this agenda but under the jurisdiction of the Committee. Committee members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for information, or request staff to report back to the Committee at a later meeting. Also, the Committee may take action to direct the staff to place a matter of business on a future agenda. **SPEAKERS ARE LIMITED TO THREE MINUTES.**

III. New Business

- 1-8 A. Transfer of Funds Request – **Action Item**
- 9 B. Workforce Development Board Composition and Vetting Process Checklist–
Oral Discussion

IV. Committee Member Comments

V. Adjournment



October 7, 2026

Executive Committee
Kern, Inyo, and Mono
Workforce Development Board
1600 E. Belle Terrace
Bakersfield, CA 93307

TRANSFER OF FUNDS REQUEST

Dear Committee Member:

The Workforce Innovation and Opportunity Act (WIOA) allows the transfer of funds between the Adult and Dislocated Worker funding streams in order to maximize customer service and provide Local Workforce Development Boards (Local Board) with greater flexibility to meet local needs. Under WIOA Section 133(b)(4), up to 100 percent of Title I Adult and Dislocated Worker funds may be transferred between the two programs upon approval by the State.

The Employment Development Department (EDD) Workforce Services Directive (WSD) 22-09, issued on January 30, 2023, provides the guidance and establishes the procedures regarding the transfer of funds. The transfer request must include the following:

1. Transfer of Funds Request: Describes who is making the request, the transfer amount, and why the transfer is being requested. This document requires signature approval of the Local Area administrator/designee.
2. Participant Plan: Describes how the transfer of funds impacts the Local Area's participants.
3. Budget Plan: Describes how the transfer of funds impacts the Local Area's budget using the plus and minus format.

The Local Area must submit the transfer request in writing to their EDD Regional Advisor. Requests must contain the reason(s)/rationale for the transfer. Local Areas should consider the following when providing a justification for the transfer: changes in planned services to eligible participants; unexpected layoffs requiring additional funds; changes in the goals for serving eligible participants; changes in labor market conditions; the effect of the transfer on jointly funded employment and training programs in the local America's Job Center of California system; the effect on existing agreements for the delivery and/or

coordination of employment and training services; the effect on current state and Local Area employment and training systems; and the effect on the employment and training needs of eligible participants in the Local Area. All transfer requests must be approved and signed off by the Local Board prior to submitting the transfer request to the EDD Regional Advisor.

Based on current workforce training needs in our Local Area, it has become necessary to request an additional transfer of \$300,000 from Dislocated Worker funding to Adult funding for Program Year 2025-2027. Attached are the Transfer of Funds Request documents that will be submitted to the EDD Regional Advisor. We are asking your Committee to approve the submission, with the understanding that this request will be subject to ratification at the next WDB meeting on December 16, 2026.

Therefore, IT IS RECOMMENDED that your Executive Committee act on behalf of the WDB to approve the Transfer of Funds Request of \$300,000 from Dislocated Worker funding to Adult funding for Program Year 2025-2027.

Sincerely,



Brandon J. Evans
Chief Workforce Development Officer

Attachment

BJE:ll

Transfer of Funds Request

1. Local Area Kern, Inyo and Mono Workforce Development Area

2. Subgrant Number AA611009 3. Request Date 09/23/2026

4. Program Year 25-27 5. Transfer Request No 02

6. Direction of Transfer (Check One):

Adult program to Dislocated Worker program Dislocated Worker program to Adult program

☐ 201 → 299

☐ 501 → 499

☐ 202 → 200

☒ 502 → 500

7. Amount of Transfer \$300,000

8. Contact Person Jeremy Shumaker

9. Contact Person's Telephone Number 661-635-2758

10. All transfer requests must be approved and signed off by the Local Board.

Date of Local Board meeting to discuss transfer 10/7/2026

Date of Local Board meeting to approve transfer 10/7/2026

11. By signing below, the Local Area Administrator/Designee requests a transfer of funds and certifies that this transfer request was approved at the Local Board meeting on the date indicated above.

Signature _____

Name Brenda Mendivel

Title KIM Workforce Development Board Chair

Date October 7, 2026

12. Taking into account the factors described under the Transfer of Funds Procedures section on page 4 of the Directive, describe the Local Board's reasoning to request a transfer of funds.

Training needs of eligible participants in the Local Area.

Instructions for Completing the Transfer of Funds Request Form

TRANSFER OF FUNDS REQUEST FORM

- Line 1. Enter the Local Area name.
- Line 2. Enter the subgrant number.
- Line 3. Enter the date of the request
- Line 4. Enter the program year.
- Line 5. Enter the transfer request number for reference purposes. If this is your Local Area's first transfer of funds request enter 01; subsequent requests are 02, 03, etc.
- Line 6. Check the appropriate block regarding the direction of transfer. Only one type of transfer can be entered on each form.
- Line 7. Provide the amount of the transfer. Do not include any amount previously transferred.
- Line 8. Enter the contact person's name.
- Line 9. Enter the contact person's telephone number.
- Line 10. Enter the date of the Local Board meeting during which the transfer request was a specific agenda item with public comment time made available. This is needed to fulfill the "Sunshine Provision" requirement. Also enter the date that the Local Board approved the transfer.
- Line 11. Have the Local Area Administrator/Designee sign the form. Also enter the name of the Local Area Administrator/Designee, title, and the date the Local Area Administrator/Designee signed the Transfer of Funds Request forms.
- Line 12. Provide the reason(s) for the transfer of funds along with any other pertinent data.

Transfer of Funds Request Participant Plan

Local Area: Kern,Inyo and Mono Workforce Development Area
Prepared Date 9/18/2026

Enter the number of individuals in each category.

TOTALS FOR PY 2025	ADULT	DW
1. Registered Participants Carried in from PY 2024	287	49
2. New Registered Participants for PY 2025 to 9-18-2026	711	124
3. Total Registered Participants for PY 2025 to 9-18-2026 Line 1 plus 2	998	173
4. Exiters for PY 2025 to 9-18-2026	538	97
5. Registered Participants Carried Out to PY 2025(Line 3 minus 4)	460	76

PROGRAM SERVICES		
6. Career Services	998	173
a. Basic Career Services	882	167
b. Individualized Career Services	857	162
7. Training Services	642	85

Jeremy Shumaker, Assistance Director of Administration and Finance
Contact Person, Title
661-635-2758
Telephone Number
Comments:

Instructions for Completing the Participant Plan Form

TOTALS FOR CURRENT PROGRAM YEAR

- Line 1. Enter the number of registered participants carried in from the prior program year for each funding stream.
- Line 2. Enter the new total of registered participants for the program year after funds have been transferred.
- Line 3. This line will auto-fill.
- Line 4. Enter the number of planned exiters for the program year.
- Line 5. This line will auto-fill.

PROGRAM SERVICES

- Line 6. Enter the number of participants that will receive career services.
- Line 7. Enter the number of participants that will receive training services.

Complete the contact person's name, title, and telephone number. Use the comments block as necessary.

Transfer of Funds Request Budget Plan

Local Area <u>Kern, Inyo and Mono Workforce Development Area</u>	Date Prepared <u>9/18/2026</u>
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Subgrant Number <u>AA611009</u>	Grant	Adult to DW	DW to Adult
Year of Appropriation <u>2025</u>	Code	☐ 201 → 299 ☐ 202 → 200	☐ 501 → 499 ☒ 502 → 500

FUNDING IDENTIFICATION	ADULT	DW
1. Formula Allocation	5,482,800	4,137,198
2. Prior Adjustments - Plus or Minus		
3. Previous Amounts Transferred	700,000	(700,000)
4. Current Amount to be Transferred	300,000	(300,000)
5. TOTAL FUNDS AVAILABLE (Lines 1 through 4)	6,482,800	3,137,198

TOTAL ALLOCATION COST CATEGORY PLAN		
6. Program Services (Lines 6a through 6c)	5,834,520	2,823,479
a. Career Services	2,691,523	1,638,479
b. Training Services	2,081,335	200,000
c. Other	1,061,662	985,000
7. Administration	648,280	313,719
8. TOTAL (Lines 6 plus 7)	6,482,800	3,137,198

QUARTERLY TOTAL EXPENDITURE PLAN (cumulative)		
9. September 2025	443,497	0
10. December 2025	1,351,742	867,747
11. March 2026	1,868,638	1,150,038
12. June 2026	1,250,488	694,504
13. September 2026	400,000	100,000
14. December 2026	1,168,435	324,909
15. March 2027	0	0
16. June 2027	0	0

COST COMPLIANCE PLAN (maximum 10%)		
17. % for Administration Expenditures (Line 7/Line 5)	10.00%	10.00%

<u>Jeremy Shumaker, Assistance Director of Administration and Finance</u> Contact Person, Title	<u>661-635-2758</u> Telephone Number
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Comments

Instructions for Completing the Budget Plan Form

Enter the subgrant number and the year of appropriation in the area provided. Use one form for each year of appropriation.

Check the appropriate block regarding the direction of transfer. Use one form for each type of transfer.

FUNDING IDENTIFICATION

Line 1. Enter the amount of formula funds originally allocated to your Local Area. Include either the July 1 or the October 1 WIOA allocations for adult (grant code 201 or 202) or dislocated worker (grant codes 501 or 502).

Line 2. Enter the amount of any prior adjustments using the plus or minus format. Plus adjustments include reallocations and minus adjustments include recaptures, rescissions, and other involuntary deobligations.

Line 3. Enter the previous amounts transferred. (see further information below*)

Line 4. Enter the current amount to be transferred. (see further information below*)

*For lines 3 and 4:

Adult column – Minus amounts are under grant codes 299 or 200; plus amounts are under grant codes 499 or 500.

Dislocated worker column – Minus amounts are under grant codes 499 or 500; plus amounts are under grant codes 200 or 299.

Line 5. This line will auto-fill from amounts entered on lines 1-4.

TOTAL ALLOCATION COST CATEGORY PLAN

Line 6. This line will auto-fill from amounts entered on lines 6a – 6c.

Line 7. Enter the amount of administrative expenditures.

Line 8. This line will auto-fill from amounts entered on lines 6 and 7.

QUARTERLY TOTAL EXPENDITURE PLAN

Lines 9-16. Enter the amount of funds expended for each quarter for each funding stream.

COST COMPLIANCE PLAN

Line 17. This line will auto-fill from amounts entered on lines 5 and 7. This amount must be less than or equal to 10 percent of line 5.

Complete the contact person, title, and telephone number. Use the comments block as necessary.

Workforce Development Board Vetting Checklist

1. Mission Alignment & Commitment

- Demonstrates genuine interest in the ETR's mission and values
- Understands the communities served (including workforce, employers, and job seekers)
- Willing to commit time for meetings, committee work, and events

2. Skills, Expertise & Value-Add

- Brings relevant expertise (e.g., workforce development, industry knowledge, HR, community partnerships, education, employer engagement)
- Adds diversity of thought, experience, and professional background (fills a current gap)
- Comfortable with strategic thinking, governance, and long-term planning

3. Professional Reputation & Integrity

- Known for ethical behavior, sound judgment, and confidentiality
- No conflicts of interest that would hinder governance decisions
- Respected within their industry or community

4. Governance Readiness

- Understands fiduciary responsibilities (financial oversight, compliance, audits)
- Willing to participate in orientation, training, and ongoing board development
- Comfortable reading and discussing budgets, program metrics, and program outcomes

5. Engagement & Availability

- Reliable attendance history for other boards, committees, or community efforts
- Willing to be accessible to the Director and Board Chair
- Prepared to actively participate—not just hold a seat

6. Advocacy Support

- Willing to help expand partnerships, employer connections, and community relationships
- Comfortable being a public ambassador for the organization
- Supports, advocacy, and relationship-building efforts

7. Communication & Collaboration

- Communicates respectfully and effectively
- Works well in group settings, committees, and cross-sector collaborations
- Shows willingness to listen, ask questions, and challenge constructively