

**COUNTY OF UNION,  
ILLINOIS**

**RESOLUTION APPOINTING MEMBER OF  
SOUTHERN 14 WORKFORCE INVESTMENT BOARD**

**WHEREAS**, pursuant to the Illinois Workforce Investment Board Act, 20 ILCS 3975/1 *et seq.*, and rules promulgated by the Illinois Department of Commerce and Economic Opportunity, the Chief Elected Official of the County of Union, Illinois, shall appoint certain members of the Southern 14 Workforce Investment Board; and

**WHEREAS**, Mike Stegle has been appointed to serve as a member of the Southern 14 Workforce Investment Board as of June 2015; and

**WHEREAS**, the Chairman of the Board of Commissioners of the County of Union, Illinois has determined that Mike Stegle should be re-appointed as a member of the Southern 14 Workforce Investment Board for a term beginning on the 1st day of October 2016 and expiring on the 30th day of September 2019; and

**WHEREAS**, the Board of Commissioners of the County of Union, Illinois desires to ratify by written resolution the appointments made by the Chairman of the Board of Commissioners of the County of Union, Illinois.

**NOW, THEREFORE BE IT RESOLVED**, by the Board of Commissioners of the County of Union, Illinois as follows:

**Section 1:**

Mike Stegle is appointed as a member of the Southern 14 Workforce Investment Board for a three-year term beginning on the 1st day of October 2016 and expiring on the 30th day of September 2019.

**Section 2:**

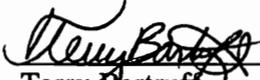
The Union County Clerk shall transmit a copy of this Resolution to the Southern 14 Workforce Investment Board.

**PASSED AND APPROVED** at a regular meeting of the Board of Commissioners of the County of Union, Illinois this 23<sup>rd</sup> day of September, 2016.



Richard Cunningham, Chairman

ATTEST:



Terry Bartruff  
Union County Clerk

Commissioners voting aye: Cunningham, Toler, Hartline, Miller, Russell

Commissioners voting nay: \_\_\_\_\_

Abstention(s): \_\_\_\_\_

Absent: \_\_\_\_\_

1-LWDA# <u>26</u>		<b>APPOINTMENT/REAPPOINTMENT FORM</b> LOCAL WORKFORCE DEVELOPMENT BOARD		
2-Name <u>Mike Stegle</u>		3-Representing Entity <u>Stegle Properties</u>		
4-Street Address <u>2185 Lick Creek Road</u>		5-City <u>Anna</u>	6-County Representing <u>Union</u>	<input checked="" type="checkbox"/> Residence County (if required)
7-State <u>IL</u>	8-Zip <u>62906</u>	12-Reason for Submission ( <b>Check all that apply</b> )		
9-Phone ( <u>618</u> ) <u>833</u> - <u>0052</u> ext. _____		<input type="checkbox"/> Appointment <i>Name of member being replaced:</i> _____ <input checked="" type="checkbox"/> Reappointment <input type="checkbox"/> Recertification <input type="checkbox"/> Employer change/new contact information		
10-Fax (____) _____		14-Nominee Characteristics ( <i>Optional</i> ) <input type="checkbox"/> Waived		
11-Email <u>jmstegle@gmail.com</u>		Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Race: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other		
13- Title and/or job duties <b>demonstrating optimum policy making authority</b> ( <i>Attach additional pages, if necessary</i> )				
<u>Sales Management</u>				
15-Nominee Signature				
I certify that the above information is accurate and complete. I further acknowledge that my role as a Local Workforce Development Board member requires that I publicly disclose any conflict of interest, whether real or apparent, prior to discussion on a matter regarding provision of services by myself or an entity that I represent or that would provide direct financial benefit to myself or a member of my immediate family and shall abstain from voting on such matters. ( <i>Conflict of interest is a situation in which a person, such as a public official, an employee, or a professional, has a private or personal interest sufficient to appear to influence the objective exercise of his or her official duties.</i> )				
Signature _____				Date <u>    </u> / <u>    </u> / <u>    </u>
<b>Fill out appropriate Entity Representative(s) below</b>				
16-Business Representative <input checked="" type="checkbox"/> (nomination form required for initial appointment) <input checked="" type="checkbox"/> Is a small business in accordance with: <a href="https://www.sba.gov/sites/default/files/files/Size_Standards_Table.pdf">https://www.sba.gov/sites/default/files/files/Size_Standards_Table.pdf</a>				
Number of employees of the entity: <u>1</u> NAICS Code: <u>531311</u>				
Career Cluster of Employment Opportunities ( <b>Check ONLY One</b> ):				
<input type="checkbox"/> Agriculture, Food & Natural Resources	<input type="checkbox"/> Architecture & Construction	<input type="checkbox"/> Arts, A/V Technology & Communication		
<input checked="" type="checkbox"/> Business Management & Administration	<input type="checkbox"/> Education & Training	<input type="checkbox"/> Energy		
<input type="checkbox"/> Finance	<input type="checkbox"/> Governmental & Public Administration	<input type="checkbox"/> Health Science		
<input type="checkbox"/> Hospitality & Tourism	<input type="checkbox"/> Human Services	<input type="checkbox"/> Information Technology		
<input type="checkbox"/> Law, Public Safety, Corrections & Security	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Marketing		
<input type="checkbox"/> Research and Development	<input type="checkbox"/> Science, Technology, Engineering & Math	<input type="checkbox"/> Transportation, Distribution & Logistics		
17-Workforce Representative <input type="checkbox"/> (nomination form required for initial appointment - labor organization only)				
<input type="checkbox"/> Labor Organization	<input type="checkbox"/> Labor-Mgmt Apprenticeship Program/Apprenticeship Program			
<input type="checkbox"/> Community-Based Organization	Services Provided (must demonstrate expertise and effectiveness in the field of addressing needs of individuals with barriers to employment): _____			
<input type="checkbox"/> Youth Organizations	Services Provided (must demonstrate expertise and effectiveness in the field of addressing employment, training, or education needs of youth): _____			
18-Education & Training Representative <input type="checkbox"/> (nomination form may be required for eligible providers administering adult education and literacy activities under Title II or multiple institutions of higher education providing workforce investment activities serving the local area)				
<input type="checkbox"/> Eligible Provider of Adult Education and Literacy Activities	<input type="checkbox"/> Institution of Higher Education			
<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Local Education Agency			
Services Provided (must demonstrate expertise and effectiveness in the field of addressing education or training needs of individuals with barriers to employment): _____				
19-Gov't and Econ/Comm Develop. Representative				
<input type="checkbox"/> Economic and Community Development	<input type="checkbox"/> Transportation, Housing, and Public Assistance			
<input type="checkbox"/> Wagner-Peyser Act (Employment Service)	<input type="checkbox"/> Philanthropic Organization			
<input type="checkbox"/> Vocational Rehabilitation				
20-Other Representative <input type="checkbox"/>				
21-Term of Appointment (FROM date should be the original appointment date, if known)				
From: <u>10</u> / <u>01</u> / <u>2016</u> To: <u>09</u> / <u>30</u> / <u>2019</u>				

