



LIVINGSTON COUNTY OFFICE OF WORKFORCE DEVELOPMENT

Livingston County Government Center
6 Court Street, Room 105
Geneseo, NY 14454-1043
Phone: (585) 243-7047 Fax: (585) 243-7598

Ryan Snyder, Director

rsnyder@co.livingston.ny.us

TO: Local Employers
FROM: Ryan Snyder, Director
RE: Worksite Application Year Round and Summer Youth Employment Program
DATE: 2022

2022 Livingston Youth Employment Program

This application covers both the Year Round and Summer Youth Employment Program. **In order to participate in these programs you must be located in and around Livingston County and maintain \$1 million of Commercial General Liability Coverage.** The full application must be completed and approved in order for your business to be a worksite for the program. Submitting the application does not guarantee approval or a youth placement.

Livingston Youth Employment Program (LYEP)

LYEP will run July 13th to August 14th. All applicants will participate in a weeklong work readiness assessment and selection process. Upon successful completion, those determined ready, willing and able to work will be offered a position with Livingston County. These youth will be available to work at your site 20-25 hours per week for 5 weeks, with the opportunity for extensions upon request. The wages of the youth are paid by Livingston County using Workforce Innovation and Opportunity Act (WIOA) federal funds and Temporary Assistance for Needy Families (TANF). To be a summer worksite, please complete and return all attached forms to the **Office of Workforce Development by June 15, 2022.**

Year Round Work Experience Program

The Year Round Work Experience Program runs all year. You may apply to be a worksite at anytime. Young adult workers are approved to work for a defined number of hours. The goal of the year round program is to offer short-term employment to gain work experience and skills in order to enhance participant employability. Young adults age 16-24 participating in the program must have a barrier to employment such as parenting, involvement with probation, homelessness, foster care, school drop out, or a disability.

Use the following as a checklist as you review, complete, and ***sign the following packet items:**

- *Worksite Agreement.** Please review this carefully to ensure that your agency is in compliance with the Federal Maintenance of Effort Regulations.
- Disciplinary Policy
- LYEP Worksite Position Request Form
- *Certification Regarding Lobbying, Debarment, Suspension, and Other Responsibility Matters; and Drug Free Workplace Requirements. Ineligibility, and Voluntary Exclusion Lower Tier Covered Transactions Form**
- Labor Organization Form
- *Certificate of Insurance Requirements**
- *Worksite Insuring Agent Information Request and Release**

If you have any questions about either opportunity, please contact Ryan Snyder or Mary Guldenschuh by email at mguldenschuh@co.livingston.ny.us or call 243-7047. Thank you.

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WORKSITE AGREEMENT

Memorandum of Agreement: Paid Work Experience

I. This establishes an agreement between the Livingston County Office of Workforce Development, hereafter referred to as "Sponsor" and [REDACTED], hereafter referred to as "Worksite", commencing January 1, 2022 and ending December 31, 2022. The Livingston County Office of Workforce Development and the Worksite will work together to enhance the employability of the Year Round Work Experience Program participants and/or Summer Youth Employment Program participants by:

- a. Providing well supervised, well structured, and meaningful work experience.
- b. Increasing the participant's knowledge and skills and providing experience with proper work habits.

To insure that participants will have a realistic work experience, the Worksite agrees to assign meaningful tasks on the same basis used with regular employees. We agree, jointly, that no youth will be discriminated against in selection of assignment of duties on the basis of race, color, sex, disability, national origin, religious or political belief.

Further, it is agreed that the Worksite will provide the Livingston County Office of Workforce Development with a list of the work experience positions and descriptions of the job activities via completion of the Worksite Position Request and work hours at each worksite as an attachment to this agreement.

II. The Worksite agrees to:

1. Employ only those participants referred to and declared eligible to the Worksite by the Sponsor as WORK EXPERIENCE participants.
2. Permit WORK EXPERIENCE participants to start work only with prior approval from the Livingston County Office of Workforce Development.
3. Insure that participants will work no more than 25 hours per week under this program.
4. Comply with rules and regulations governing the Livingston Youth Employment Program and WIOA.
5. Comply with the Fair Standard Act and appropriate New York State and Federal Labor Laws.
6. Inform participants of supervisor's name, role and responsibilities and provide the youth the opportunity to relate any problems that might arise to that supervisor.
7. Assign tasks to the youth on a daily basis.
8. Assure that adequate work is available to occupy all participants during working hours.
9. Provide contingency plans for inclement weather when regular Worksite is designated as outdoors.
10. Provide adequate supervision to participants at all times. No supervisor shall supervise more than 12 youths. When the regular Worksite supervisor is unavailable, an alternate supervisor will be designated.
11. Assure that sufficient equipment and/or materials are available to carry out work assignments.
12. Assign youth to only those activities approved by the Sponsor.
13. Maintain and certify as accurate, records of participant's time and attendance, as determined by the Sponsor.
14. Assure that participants will not be paid for unexcused absences, lunch breaks, hours not worked or recreational activities not approved by Livingston County.
15. Permit workers to be released for Staff Development time, scheduled by the sponsor, or its agents, and part of regular work hours. Staff Development meetings include job retention training and addresses worksite issues with the youth.
16. Notify the sponsor within 24 hours of any accidents, special situations or unusual occurrences.
17. Evaluate each participant as agreed upon and required by the Sponsor.
18. Comply with assurances, reporting, monitoring and evaluation systems required by the Sponsor.
19. Permit monitoring and evaluation of the Worksite by program staff and such GLOW WDB, state and federal officials as shall be necessary to monitor this site. Monitoring by Livingston County will be on a regular basis, and shall include random unscheduled visits.
20. Provide information regarding insurance coverage and provide permission for the sponsor to obtain a Certificate of Insurance and "Additional Insured" endorsement page naming the County of Livingston as certificate holder.
21. Provide youth workers with 2 breaks in 8 hrs, not lasting more than 15 minutes.
22. Provide an unpaid lunch break of 30 minutes after 6 hrs of work in compliance with NYS Labor Law.
23. End on the stated program end date unless an extended end date is requested and approved.

24. Workforce Development funded worksite supervisors and summer participants may not, during work hours, take part in any partisan political activity. This includes lobbying, fund-raising, making speeches, assisting at meetings, distributing pamphlets, or engaging in voter registration activities.
25. Not discriminate on the basis of disability. To provide auxiliary aids and services upon request to individuals with disabilities.

III. The Livingston County Office of Workforce Development (sponsor) agrees to:

1. Provide orientation to work experience participants on program purposes and policies and procedures.
2. Provide Worksite with a list of eligible participants who are available to work at the Worksite.
3. Provide the Worksite with instructions and procedure forms as may be required.
4. Assure that immediate Worksite supervisors and their alternates will receive orientation as to their duties and responsibilities to the program prior to participants arrival or shortly thereafter.
5. Ensure participants are eligible for the program and that each participant has proper working papers as required.
6. Notify Worksite in case of any change in any participant's status and availability to work.
7. Provide labor market information, career exposure activities, counseling and supportive services to the participants as determined to enhance the program for the participant and necessary to meet state and federal guidelines.
8. Notify the Worksite in advance of activities requiring release time of participants.
9. Be considered the employer and provide worker's compensation. All participant wages will be paid by check and checks will be distributed by mail on a bi-weekly basis.
10. The Sponsor will be responsible for making the final decision for transferring of participants. No worksite will be required to retain any worker they wish to terminate. Please review the disciplinary process as described in the Disciplinary Policy (Attachment A). This document explains the probation, suspension and termination policy for youth.
11. Monitor the program according to WIOA Guidelines.
12. Provide technical assistance in programmatic aspects.
13. Close Worksite where serious or continual violations of the WIOA Act occur which are not likely to be remedied by quick remedial action.

IV. It is mutually agreed that either party may terminate this Agreement with notification to both parties. These program activities are contingent upon federal and state funding and may be terminated if said funding is discontinued or if said program is not being administered in accordance with this agreement, rules and regulation of WIOA or other appropriate laws, ordinances, rules and regulations.

V. The Sponsor and the Worksite agree to defend, indemnify and hold harmless the other, including their officials, employees and agents, against all claims, losses, damages, liabilities, costs and /or expenses (including without limitation, reasonable attorney fees and costs of litigation and/or settlement), whether incurred as a result of a claim by a third party or any other person or entity, arising out of their respective acts or omissions or those of their employees, representatives, subcontractors, assignees, or agents pursuant to this Agreement, which the other party, or their officials, employees, or agents may suffer by reason the indemnifying party's negligence, fault, act or omission or those of the indemnifying party's employees, representatives, subcontractors, assignees, or agents. The indemnifying party agrees to investigate, handle, respond to, provide defense for, and defend any such claims, demands, or suits at its sole expense, and agrees to bear all other costs and expenses related thereto, even if such claims, demands, or suits are groundless, false, or fraudulent. It is specifically agreed to by the parties to this agreement that the work experience participant shall be deemed an agent of the Workforce under this paragraph while the work experience participant is under the supervision of the Worksite performing services as set forth in paragraph II of this agreement.

NAMES AND TITLES OF SUPERVISORS COVERED IN AGREEMENT:

1. _____
Name Title

2. _____
Name Title

3. Rene Lewis
Name Title

SIGNED _____
Worksite Designated Representative Date

Address Phone

SIGNED _____
Chairman of the Board of Supervisors Date

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DISCIPLINARY POLICY

(As written in the LYEP Youth Handbook)

The Livingston Youth Employment Program is designed to be a learning experience for youth participants as well as a beneficial arrangement for the worksites and Supervisors. To make this happen, rules must be followed.

Behaviors that can result in probation, suspension, or termination include:

- Excessive tardiness or absences without documentation
- Swearing and fighting
- No call-no show for work or field trips
- Leaving the worksite without permission
- Failure to follow worksite rules or instructions
- Having a bad work attitude
- Insubordination
- Possessing anything illegal or any illegal activities
- Inappropriate visitors on the worksite
- Lying to your Supervisor, Counselor, or on your timesheet

When Worksite and/or LYEP Rules are broken, there are consequences. The following 4-Step Policy will be followed on all worksites. **Your Supervisor, Counselor, or any other LYEP Staff Member can suspend or terminate your employment immediately as a result of illegal and/or unsafe behavior on the job.**

Step One: Verbal Warning

Your Supervisor or Counselor will give you a Verbal Warning and document this on your timesheet. You will have a meeting with your Supervisor and Counselor.

If the situation improves, the process stops here. If it does not improve...

Step Two: Written Documentation

You will have a meeting with your Supervisor, Counselor, and Mary Guldenschuh to complete written documentation of your performance and expectations as to what improvements you can make on the job. This Disciplinary Action Contract will be signed by your supervisor, your counselor, Mary Guldenschuh and yourself. You will be placed on Employment Probation for a period of time set at this meeting.

If the situation improves, the process stops here. If it does not improve...

Step Three: Suspension Without Pay

Your Supervisor or Counselor will suspend your employment without pay for a time frame discussed in your Employment Contract. When you return from Suspension, you will have a meeting with your Supervisor, Counselor, Mary Guldenschuh, and Ryan Snyder to amend the Employment Contract. A copy of this Amended Employment Contract will be sent to your parent/guardian.

If the situation improves, the process stops here. If it does not improve...

Step Four: Termination

Your Supervisor or Counselor will terminate your employment based on the Employment Contract. You will have a Termination Meeting with your Counselor and Ryan Snyder.

Livingston County Office of Workforce Development

LYEP Worksite Position Request Form

Complete one form for each position requested.

Business/Agency Name: _____ Contact Person and Title: _____

Address _____ City: _____ State: _____ ZIP: _____

Phone: _____ E-Mail Address: _____ Fax: (585) _____ Cell Phone: (585) _____

- 1) Would you like to interview the youth selected for your worksite before they start work? Yes No
- 2) Will you be transporting the youth on or off the worksite? Yes No
 - a. If yes, how will the youth be transported? Company vehicle Employee's personal vehicle Other (please explain) _____
- 3) The last day of employment for all summer youth will be **August 14th**. If you would like to extend the work experience, advise your summer counselor.
- 4) If you are a **Summer Recreation Site**, what is your start date? _____ End date? _____ Orientation dates/general times? _____

| Position Title | # of positions | Job Site | Hrs per week | Daily start/end | Time of Lunch Break | Immediate Supervisor/ Reports to: (if different than above) | Email | Phone |
|----------------|----------------|----------|--------------|-----------------|---------------------|---|-------|-------|
| | | | | | | | | |

When and Where to report on first day if different than above:

Skills/Qualifications Required:

Duties and Responsibilities:

Special attire, or other instructions participant(s) should be aware of before starting work at your agency (i.e. physicals, shots, etc):

CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying," and 34 CFR Part 85, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 34 CFR Part 82, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 34 CFR Part 82, Sections 82.105 and 82.110, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

As required by Executive Order 12549, Debarment and Suspension, and implemented at 34 CFR Part 85, for prospective participants in primary covered transactions, as defined at 34 CFR Part 85, Sections 85.105 and 85.110—

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of

embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (2)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610 -

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about:

- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

- (e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants Policy and Oversight Staff, U.S. Department of Education, 400 Maryland Avenue, S.W. (Room 3652, GSA Regional Office Building No. 3), Washington, DC 20222-4248. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Check if there are workplaces on file that are not identified here.



As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

| | |
|--|---------------------|
| NAME OF APPLICANT | PROJECT NAME |
| | |
| PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE | |
| | |
| SIGNATURE | DATE |
| | |

**DRUG-FREE WORKPLACE
(GRANTEES WHO ARE INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610-A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Director, Grants Policy and Oversight Staff, Department of Education, 400 Maryland Avenue, S.W. (Room 3652, GSA Regional Office Building No. 3), Washington, DC 20222-4248. Notice shall include the identification number(s) of each affected grant.

Labor Organization Information

(Please complete and return this form)

Worksite: _____

Does a Labor Organization represent a group of employees at your business? Yes No

If yes, please list below the name of each labor organization and the name and address of each union's contact person so that we can notify them of our program:

Labor Organization: _____

Contact Person: _____ Phone: _____

Address: _____

City: _____ State: NY Zip: _____

Labor Organization: _____

Contact Person: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Labor Organization: _____

Contact Person: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

LIVINGSTON COUNTY STANDARD CONTRACT INSURANCE REQUIREMENTS

- I. Notwithstanding any terms, conditions or provisions, in any other writing between the parties, the contractor/permittee hereby agrees to effectuate the naming of the County of Livingston as an unrestricted additional insured on the contractor's/permittee's insurance policies, with the exception of workers' compensation and professional errors and omissions. **The contractor/permittee must provide an additional insured endorsement.** A statement on the contractor/permittee's insurance certificate that the County of Livingston is an additional insured is not sufficient. The form of the additional insured endorsement must be approved by the Livingston County Attorney.
- II. The policy naming the County of Livingston as an additional insured shall:
- be an insurance policy from an A.M. Best rated "secured" New York State licensed insurer;
 - state that the organization's coverage shall be primary coverage for the County of Livingston, its Board, employees and volunteers. Any insurance or self-insurance as maintained by the County of Livingston shall be in excess of the contractor's insurance, and shall not contribute with it.
- III. The contractor/permittee agrees to indemnify the County of Livingston for any applicable deductibles or self insurance reserves.
- IV. Required Insurance:
- **Commercial General Liability Insurance, including Completed Operations Coverage for construction contracts**
\$1,000,000 per occurrence/ \$2,000,000 aggregate per project.
 - **Automobile Liability**
\$1,000,000 combined single limit for owned, hired and borrowed and non-owned motor vehicles.
 - **Workers' Compensation**
Statutory Workers' Compensation and Employers' Liability Insurance for all employees.
 - **Owners Contractors Protective Insurance (Generally required only for construction contracts. Contact Livingston County Attorney for determination of necessity.)**
\$1,000,000 per occurrence/\$2,000,000 aggregate, with the County of Livingston as the named insured.
 - **Professional Errors and Omissions Insurance (If professional service contract)**
\$1,000,000 per occurrence/ \$2,000,000 aggregate for the negligent professional acts of the contractor.
- V. **The contractor/permittee is to provide the County of Livingston with a certificate of insurance, evidencing the above requirements have been met, prior to the commencement of work or use of facilities and upon each renewal thereafter. Contractor/permittee or its insurance carrier(s) shall provide the County of Livingston with thirty (30) days prior written notice of cancellation, reduction of insurance or material coverage change of the required insurance policies. Such notice shall be mailed to the Livingston County Attorney, Livingston County Government Center, Room 302, 6 Court Street, Geneseo, New York 14454 and shall include the date and subject matter of the original contract. Contractor/permittee acknowledges that failure to obtain such insurance on behalf of the County of Livingston, or the failure to provide such notices, constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the**

County of Livingston, including termination of the contract. The failure of the County of Livingston to object to the contents of the certificate or the absence of same shall not be deemed a waiver of any and all rights held by the County of Livingston.

- VI. If at any time any of the policies required herein shall be or become unsatisfactory to the County, as to form or substance, or if a company issuing any such policy shall be or become unsatisfactory to the county, the contractor shall upon notice to that effect from the County, promptly obtain approval and submit a certificate thereof. Upon failure of the contractor to furnish, deliver, and maintain such insurance, the Agreement, at the election of the County, may be declared suspended, discontinued or terminated. Failure of the contractor to take out, maintain, or the taking out or maintenance of any required insurance, shall not relieve the contractor from any liability under the Agreement, nor shall the insurance requirements be construed to conflict with or otherwise limit the contractual obligations of the contractor concerning indemnification. All property losses shall be made payable to and adjusted with the County.

In the event that claims, for which the county may be liable, in excess of the insured amounts provided herein are filed by reason of any operations under the Agreement, the amount of excess or such claims or any portion thereof, may be withheld from payment due or to become due the contractor until such time as the contractor shall furnish such additional security covering such claims in form satisfactory to the County of Livingston.

The County reserves the right to require complete certified copies of all required insurance policies, at any time, which shall be delivered to the County within ten days of such request.

VII. **ADDITIONAL INSURED ENDORSEMENT AND CERTIFICATE OF INSURANCE:**

The contractor/permittee shall file with the Livingston County Attorney, prior to commencing work under this contract, an additional insured endorsement and a Certificate of Insurance, which shall include:

- a. Name and address of insured
- b. Issue date of certificate
- c. Insurance company name
- d. Type of coverage in effect
- e. Policy number
- f. Inception and expiration dates of policies included on certificate
- g. Limits of liability for all policies included on certificate
- h. Certificate holder shall be County of Livingston, Livingston County Government Center, 6 Court Street, Geneseo, New York 14454-1043.
- i. Description of contract for which insurance is being provided.
- j. Insurance agents name, address and phone number.

Contractor
(Signature of Authorized Official Required)

Date

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Livingston County Government Center
6 Court Street, Room 105
Geneseo, New York 14454-1043

Livingston Youth Employment Program And Year Round Work Experience

Worksite Insuring Agent Information Request

The County of Livingston requires that the Livingston County Office of Workforce Development is provided with proof that any worksites and training facilities, where we sponsor Workforce Investment Act participants, have **adequate liability coverage** and that the worksite has **Worker's Compensation** coverage. The Office must keep on file a general liability Certificate of Insurance with attached Endorsement Page naming the County of Livingston as an additional insured and the county as the certificate holder.

Please complete the following so that we may obtain the Certificate of Insurance and "Additional Insured" endorsement page from your insuring agent.

1. Name of Worksite:

2. Does your worksite have Worker's Compensation coverage for Employees? Yes No

Name of Agent/Company:

3. Does your worksite have General Liability Insurance coverage? Yes No

Name of Agent/Company:

Address:

Phone Number:

Contact Person:

Email :

4. Do we have your permission to contact the above names insurance agencies to obtain a Certificate of Insurance for our files? Yes No

Release :

I have read the insurance requirements and give permission to my insurance company/agent to provide Livingston County with a Certificate of Insurance and a copy of "Additional Insured" endorsement page as described.

Signature

Title

Worksite

Date