## **Consortia Report on Governance Compliance of Rules and Procedures**

Download and save this Word document, open it and fill in the various fields, print the completed form, sign, scan and email to the AB86 inbox: ab86@cccco.edu. Due by October 31, 2015 or sooner so that we can accept your 15-16 annual plan, consortium allocation schedule, budget, and 1<sup>st</sup> Quarter expenditure report.

| Consortium Name:   | Ventura County Adult Education Consortium |  |
|--|---|--|
| Planning Grant Fiscal Agent Name (for tracking purposes only): |   |  |
|  | Ventura County Community College District |  |
| Consortium Point Person (or person submitting this document):  |   |  |
| Name:  | William Waxman                            |  |
| Consortium Role:   | Director                                  |  |
| E-Mail:  | Anb2474@yahoo.com                         |  |

1. Have all community college districts, school districts, or county offices of education, or any joint powers authority consisting of community college districts, school districts, county offices of education, or a combination of these, located within the boundaries of the adult education region been allowed to join the consortium as a member?

Yes

2. Have all members committed to reporting any funds available to that member for the purposes of education and workforce services for adults and the uses of those funds? How will the available funds be reported and evaluated?

Yes, all members have committed to reporting all funds. Available funds will be reported and evaluated based upon allocations and designated outcomes.

3. How will you assure that each member of the consortium is represented only by an official designated by the governing board of the member?

Each member of the Consortium will receive official designated approval by local governing Boards. Chief Executive Officers/ Superintendents will sign the VCAEC AB104 Intent to

Participate Member Signature Form to confirm the designee. Board Minutes will be kept at the local level.



| AB104 Adult Education Block Grant Intent to Participate Member Signature Form |                 |   |                             |  |                                   |  |
|---|-----------------|---|-----------------------------|--|-----------------------------------|--|
|   | _               | ornia Community Colleges State Department of Education acellor's Office |                             |  |                                   |  |
| District Nan  | ne              |   |                             |  |                                   |  |
| District Addr   | istrict Address |   |                             |  |                                   |  |
|   |                 |   | Yes, we want to participate |  | No, we do not want to participate |  |
| Adult Education Block<br>Grant Designee                                       | Name:           |   | Telephone:                  |  |                                   |  |
|   | Title:          |   | E-mail:                     |  |                                   |  |
| Signature of Chief<br>Executive Office/                                       |                 |   |                             |  |                                   |  |
| Superintendent/<br>Designee   | Signature       |   | Printed Name                |  |                                   |  |
|   | Title:          |   | Date:                       |  |                                   |  |

4. How will you assure that all members of the consortium shall participate in any decision made by the consortium?

Majority vote -50% of the quorum plus one. It is the responsibility of each member to attend or send a representative.

- 5. What will be the relative voting power of each member?
  - e.g. 1 member = 1 vote
  - e.g. 1 institution = 1 vote (thus giving districts with multiple institutions multiple votes)
  - e.g. Other (e.g., votes proportionate to adult students served)
    - 1 institution = 1 vote
- 6. How will decisions be approved?
  - e.g. by majority vote of 51%, or 50% +1 vote, or ¾ of votes
  - e.g. by consensus

Majority vote – 50% of the quorum plus one.

7. How did you arrive at that decision-making model?

VCAEC arrived to that decision by consensus.

8. How will proposed decisions be considered in open, properly noticed public meetings of the consortium at which members of the public may comment?

The Consortium will adhere to the rules of the Brown Act, by meeting Brown Act time frame requirements, rules, and publications.

9. Describe how will you provide the public with adequate notice of a proposed decision and consider any comments submitted by members of the public?

A standing meeting will be held every month and dates for the year will be posted onto the Consortium website along with Agenda and Minutes.

10. Describe how comments submitted by members of the public will be distributed publicly.

Comments submitted by members will be posted on the VCAEC website.

11. Describe the process by which the consortium will solicit and consider comments and input regarding a proposed decision from other entities located in the adult education region that provide education and workforce services for adults. Such entities will include but not necessarily be limited to, local public agencies, departments, and offices, particularly those with responsibility for local public safety and social services; workforce investment boards; libraries; and community-based organizations.

In October, we will invite stakeholders in the county. Previous participants and invitees will receive information regarding proposed decisions.

12. How will you determine approval of a distribution schedule pursuant to Section 84913?

The amounts distributed to each member shall be consistent with the seven identified areas and the approved Consortium plan.

- 13. Has the consortium A) designated a member to serve as the fund administrator to receive and distribute funds from the program or B) chosen to have a funds flow directly to the member districts based upon the approved distribution schedule?
  - A. The Ventura County Community College District is the designated fund administrator for the Consortium..
- 14. How will members join, leave, or be dismissed from the consortium?

Consideration by the quorum predicated on the guidelines set out for reducing and eliminating members.

15. Does the consortium have a formal document detailing its working beyond the questionnaire? (Please provide a link)

Ventura County Adult Education Consortium Comprehensive Regional Plan, March 1, 2015. http://venturacountyadulted.com/sites/g/files/g1565651/f/201502/13-328-65-VCAEC-3%201%2015%20Final%20Plan.pdf

## Consortium Member Signature Block

| Name:             | MIKE Sanders                          |
|-------------------|---------------------------------------|
| Consortia Member: | Conejo Valley Unified School District |
| Email:            | Mikesanders e conejoadulted.org       |
| Date:             | 10-2-15                               |
| Signature Box:    | AllSh                                 |
| Name:             | FRIDA GOLDSTEIN-FRIEND                |
| Consortia Member: | SANTA PAULA UNIFACO JOHOOL DIO.       |
| Email:            | Agriend a sontipaularempied. 92.      |
| Date:             | 10/2/15                               |
| Signature Box:    | Truly Goldstein Menil                 |
| Name:             | Teresa Johnson                        |
| Consortia Member: | Ventura Unified School District       |
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| Date:             | 10/15/15                              |
| Signature Box:    | Leresa Johnson                        |

| Name:             | Fillment United School District |
|-------------------|---------------------------------|
| Consortia Member: | STEFAN CVETANOVICE              |
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| Name:             | Linis Gonzalez                  |
| Consortia Member: | Oxnard College                  |
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| Name:             | Michele Arso                        |
|-------------------|-------------------------------------|
| Consortia Member: | Simi Valley Unified School District |
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| 1725/02           |                                     |
| Name:             | Inajane Nicklas                     |
| Consortia Member: | Moorpark College                    |
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| Date:             | 10/2/2015                           |
| Signature Box:    | majane hicklas                      |
| Name:             | Tiffany Marse                       |
| Consortia Member: | Ventura County Office of Education  |
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| Name:             | Moorpark Unitied School Alan Pennes District |
|-------------------|--|
| Consortia Member: |  |
| Email:            | apenner & mrpk, org                          |
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| Name:             | Oxnard Union High School District            |
| Consortia Member: | Diana Batista                                |
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| Date:             | 10-2-15                                      |
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