

Supervisor's Non-Federal In-Kind Contribution

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The following information is required so that a dollar value can be assigned to the amount of time a supervisor spends in direct supervision or training of a Senior Community Service Employment Program Participant. **The information supplied on this form will be kept confidential**, and will only be seen by those staff persons involved in computing and reporting the Senior Community Service Employment Program's non-federal in-kind contributions, and those NCOA and/or DOL staff persons who monitor or audit this information.

Name of Site: LFUCG Dept of Social Services - Charles Young Center

Supervisor: Katherine Dailey Email Address: kdailey@lexingtonky.gov

1. Value of Supervisor's Time:

a. Supervisor's actual salary computed on an hourly basis = \$ 15.00

b. Value of supervisor's fringe benefits on an hourly basis (if known) = \$ 0

If unknown enter zero (\$0). The hourly value of a monthly benefit package can be computed by dividing the monthly value of the benefit package by the average number of work hours in a month. (A person working forty hours per week works 2,080 hours per year, or an average of 173.33 hours per month.) For instance, a supervisor who receives a benefit package worth \$400.00 per month, should enter \$2.31 as the hourly value of their benefits to reflect benefits that are worth \$2.31 per hour (\$400/173.33).

c. Total value of one hour of supervisor's time (a + b) = \$ 15.00

2. Percent of supervisor's salary/fringe paid for with non-federal funds (check one below):

a. Supervisor is paid entirely with non-federal funds (100%)

b. Supervisor is paid partly with federal funds. Percent that is non-federal funds = _____%

c. Supervisor is paid entirely with federal funds (0%)

3. If value of supervisor's time cannot be determined:

a. Supervisor is a volunteer who receives no salary or fringe benefits [value = zero (0)]

b. Supervisor is unable to provide or obtain this information.

Explain why: _____

(Note: Simple refusal to provide this information is not sufficient, and will result in loss of training site status.)

The starting wage for a similar position in this community is \$ _____ per hour.

The source for determining the above figure is: _____

I certify that the above information is true and accurate to the best of my knowledge. I agree to inform the Senior Community Service Employment Program of any changes in the above information.

Signature: _____

Date: _____



Host Agency Agreement

Host Agency: LFUCG Dept of Social Services - Charles Young Center Program Year: 2022

To ensure our host agency partners understand their important role in the daily lives of our participants and their responsibilities in supporting each participant’s quest for an unsubsidized job, we ask that each host agency supervisor clearly understand and support the following requirements that are part of each participant’s agreement with our program:

- 1) The purpose of the SCSEP is for a participant to provide community service while they actively pursue unsubsidized employment off of the program. When an individual enrolls and/or gets a job off the program they may lose their public benefits. These benefits may include, but are not limited to: Public Housing, Food Stamps, SSI/SSD, and Medicaid.
- 2) Participants are asked to cooperate with the Project Director and project staff by:
 - Accepting referrals and interviews for employment outside the program;
 - Conducting an ongoing search for unsubsidized employment as specified in their IEP and as directed by the Project Director and/or project staff;
 - Accepting regular transfers to other host agency assignments as necessary to further their training and work experience;
 - Maintaining registration with the State Employment service and/or One Stop Center;
 - Attending job search training, job clubs, participant meetings, etc., when offered by the Project Office, and to engage in continuing unsubsidized job search activities.

Note: These activities may cause the participant to miss some hours at their host agency assignment.

- 3) The Senior Community Service Employment Program (SCSEP) is a short-term, work-training program to prepare participants for unsubsidized employment off of the program. The program is not an entitlement, nor is it designed to provide income maintenance. SCSEP participants are considered to be in training status, preparing to accept unsubsidized employment. They, and you, as the host agency supervisor, must understand and accept the training with the host agency is a short-term training opportunity, NOT a job and those participants are NOT employees of NCOA, SCSEP, or the host agency to which they are temporary assigned.
- 4) Host Agency understands that NCOA SCSEP does not conduct background checks or drug screenings. These screenings are at the sole and exclusive discretion of a Host Agency and must be in accordance with applicable law. NCOA is not financially or otherwise responsible for any costs, expenses or claims associated with background checks or drug screenings.
- 5) Host agencies must not use participants as substitutes for permanent employees in their agency. Federal regulations prohibit this violation of “maintenance of effect.” Host agencies must not substitute federal dollars for local dollars. Participants are additions to, not substitutes for, regular staff.
- 6) To become and remain a Host Agency, the Host Agency agrees to have a fax machine in good working condition in order to both receive and send participant Time Attendance Reports from and to the Project site office or designated fax number. “Good working order” includes insuring that the document output settings are correct so that the fax is readable—not overly dark or overly light. Without good fax copies, NCOA SCSEP cannot scan timesheets. If NCOA SCSEP is consistently unable to scan your timesheets, NCOA SCSEP participants cannot be paid and would potentially have to be transferred to a host agency where fax machines work properly.
- 7) Host agencies agree to give serious consideration for any permanent job openings in the agency to qualified assigned participants. Failure to consider qualified participants for these job opening could be cause for termination for cause of this agreement with that participant’s host agency. The Host Agency agrees to provide supervision, training, and a safe work site for each assigned participant.
- 8) The Department of Labor (DoL) now requires a survey of randomly selected Host Agencies. This survey is generally done in January. If selected, please complete the survey as it influences continued DoL funding for



Host Agency Agreement

this grant. The DoL will make three attempts to get a completed survey from you. While the survey may have up to 20 questions, answering any five completes the survey for DoL purposes and prevents these follow-ups.

- 9) Insurance and Safety for SCSEP Participants: NCOA SCSEP will be responsible for providing workers' compensation insurance for all Participants, in accordance with state law. The Host Agency is responsible for maintaining a safe work environment for SCSEP Participants during their normal course of duties; and to ensure that proper equipment, procedures and safe practices are used in conformance with state law. NCOA has the right to coordinate safety inspections with the Host Agency to ensure that work procedures, equipment and practices are used to protect the safety of SCSEP Participants. If the Host Agency fails to adhere to reasonable safe working practices, NCOA SCSEP has the right to terminate the agreement with that agency for cause and for the protection of SCSEP Participants.

Fourteen key safety issues that the Host Agency must keep in mind at all times:

1. Participants must comply with all safety rules of their Training Site.
 2. Ask their Training Site Supervisor they are unsure about any safety precautions.
 3. Keeping work areas clear of tripping hazards.
 4. Participants must never climb on ladders, step stools or other objects.
 5. Participants must use personal protective equipment (gloves, safety glasses, etc.) as required for various training assignments.
 6. Participants must only operate equipment they are qualified and authorized to operate including vehicles during working hours.
 7. Participants must follow proper lifting procedures by bending their legs & keeping their back straight.
 8. Participants do not lift loads more than 20 pounds.
 9. Participants wear shoes appropriate for the training assignment with good support.
 10. Participants do not wear open-toed shoes or high heels.
 11. Participants know where emergency exits are located.
 12. Participants immediately report safety & health hazards to their Training Site Supervisor and SCSEP staff.
 13. Participants immediately tell their Training Site Supervisor about any work related injury no matter how small.
 14. Participants immediately tell their SCSEP project staff about any work related injury no matter how small.
- 10) NCOA SCSEP is a federally funded program and as such, is required by federal regulations to maintain documentation (timesheets) to substantiate the expenditure of federal funds for wages. It is understood and agreed that NCOA SCSEP shall pay the wages of participants assigned to the host agency. The host agency agrees to verify, sign and return completed timesheets to the local SCSEP project for processing. Federal regulations also require that timesheets be signed by the individual participant and by a responsible supervisory official having firsthand knowledge of the hours worked by the participant. NCOA SCSEP recognizes that assigned supervisors change and may not always be available to sign participant timesheet. Therefore, to ensure compliance with federal regulations, in lieu of providing the names and signatures of all authorized supervisors in the Host Agency and various Training Sites (if any), by signing this Host Agency Agreement, the authorized agency representative agrees to ensure that the participant signs his/her timesheet and that a responsible supervisory official of the agency certifies that the information on the timesheet is correct. If there is a change to the authorized agency supervisor whose name is on this agreement, the local SCSEP Project Office must be notified so that the local SCSEP Project Office can update the information in our databases.

Signature: _____ Date: _____

Name & Title of person signing: Linda Gorton, Mayor

Email Address for Contact Person: sshackel@lexingtonky.gov