

WORKFORCE SERVICES

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SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

HOST AGENCY SUPERVISOR CONTRIBUTION

Participant's Name: _____

The Department of Labor and Regulation (DLR) is required to procure a non-federal in-kind match in the amount of ten percent of the Senior Community Service Employment Program (SCSEP) grant provided to DLR. The most significant portion of this non-federal matching share is the value of salaries of the Host Agency staff who directly supervise the SCSEP participant. To accurately account for this contribution, we ask you to provide the information below.

The information provided is confidential and will be used only for the purpose of calculating on-federal contribution of supervisory time.

HOST AGENCY INFORMATION

Host Agency Name:	
Supervisor's Name: <i>If the participant has more than one immediate supervisor, only list the name of the person who provides the majority of the supervision.</i>	Position Title:
Address:	
Office Tel: Work Cell:	Email:
Average Hours Spent Supervising each Week:	Hourly Supervisor Wage: \$ <i>If a participant's supervisor received an annual salary; calculate the hourly wage by dividing the salary by 2080</i>
Please indicate the source of the funds, and the percentage of the source, used to pay the wages of the supervisor: <i>When wages are entirely federal or entirely non-federal, indicate 100% in the appropriate space. If the supervisor's wages are both federal and non-federal funds, please indicate the percentages as appropriate.</i>	
Federal: %	Non-Federal: %

I certify the information above is true and correct to the best of my knowledge.

SUPERVISOR SIGNATURE

____/____/_____
DATE