

Name of Agency: \_\_\_\_\_

Street/Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name & Title of Contact Person: \_\_\_\_\_

If training is to take place at a different location provide address & phone for training location:

\_\_\_\_\_

**Type of Agency:**

☐ Federal Government ☐ State Government ☐ County Government ☐ Municipal Government

☐ Non-profit organization that is tax exempt under §501c3 of the Internal Revenue Code of 1954.  
(Attach copy of the I.R.S. determination letter of §501c3 status.)

**Funding Sources:**

Please indicate what percentage of the agency's funding is:

Federal Gov't: \_\_\_\_\_% State Gov't: \_\_\_\_\_% Local Gov't: \_\_\_\_\_% Private Sector: \_\_\_\_\_%

**Fiscal Year:**

The agency's fiscal year is from: \_\_\_\_\_ to \_\_\_\_\_

**Purpose of Organization:**

Briefly describe the organization's purpose and target population:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Training:**

Title of on-the-job training position desired: \_\_\_\_\_

**Briefly describe on-the-job training that will be provided:**

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Name and title of person who will provide supervision and training:

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**Employment:**

Will the agency be able to employ the participant upon successful completion of training?

☐ Yes, provided that funding is available.

☐ No, there is not a reasonable expectation that funding will be available.

If no, what will agency do to help participant obtain employment?

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**Signature / Maintenance of Effort:**

I verify that this training position constitutes a new or expanded service and is not a violation of maintenance of effort regulations of the U.S. Department of Labor. (Positions of SCSEP participants shall be in addition to positions which otherwise would be funded by the local training site without assistance from SCSEP. Positions funded under SCSEP: shall result in an increase in employment opportunities over those which would otherwise be available; may not result in the displacement of currently employed workers, including partial displacement such as reduction in hours of non-overtime work, wages or employment benefits; may not impair existing contracts for service or result in the substitution of federal funds for other funds in connection with work that would otherwise be performed; may not substitute program jobs for existing federally assisted jobs; may not employ or continue to employ a trainee to perform work the same or substantially the same as that performed by any other person who is on layoff.)

\_\_\_\_\_  
*signature of authorized agency representative*

\_\_\_\_\_  
*date*

\_\_\_\_\_  
*name and title of authorized agency representative*

## Host Agency Agreement

Host Agency: \_\_\_\_\_ Program Year: \_\_\_\_\_

**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 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 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) The 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 the technology to receive and transmit required paperwork and time sheets.
- 7) Host agencies agree to give sincere consideration for any permanent job openings in the agency to qualified assigned participants. Failure to consider qualified participants for these job openings 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 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

## Host Agency Agreement

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 always keep in mind:

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.

11) Host agencies agree that SCSEP participants can't volunteer extra time at their training site.

12) Host agencies agree to abide by all the guidelines outlined in the Participant Handbook.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Title of person signing: \_\_\_\_\_

# Supervisor's Non-Federal In-Kind Contribution

CONFIDENTIAL

CONFIDENTIAL

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: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

1. Value of Supervisor's Time:

- a. Supervisor's actual salary computed on an hourly basis = \$ \_\_\_\_\_
- b. Value of supervisor's fringe benefits on an hourly basis (if known) = \$ \_\_\_\_\_  
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) = \$ \_\_\_\_\_

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: \_\_\_\_\_

# Training Assignment Description

Participant's Name: \_\_\_\_\_

Date: \_\_\_\_\_ [ ] Initial Description [ ] Upgraded Description

Training Position Title: \_\_\_\_\_

Training Site: \_\_\_\_\_ Phone #: \_\_\_\_\_

Training Site Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Email address: \_\_\_\_\_

## Specific training to be provided:

(Provide dates, anticipated length of training to be provided, subjects to be covered and person(s)/organization providing the training.)

## Tasks to be performed by participant:

(List tasks in order of importance. List any unusual requirements. Continue on additional sheet if necessary.)

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I verify that this training position constitutes a new or expanded service and is not a violation of maintenance of effort regulations of the U.S. Department of Labor. (Positions of SCSEP participants shall be in addition to positions which otherwise would be funded by the local training site without assistance from SCSEP. Positions funded under SCSEP: shall result in an increase in employment opportunities over those which would otherwise be available; may not result in the displacement of currently employed workers, including partial displacement such as reduction in hours of non-overtime work, wages or employment benefits; may not impair existing contracts for service or result in the substitution of federal funds for other funds in connection with work that would otherwise be performed; may not substitute program jobs for existing federally assisted jobs; may not employ or continue to employ a trainee to perform work the same or substantially the same as that performed by any other person who is on layoff.)

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Senior Community Service Employment Program Host Agency Community Service Assignment Needs

### Host Agency Details

- Site Name: \_\_\_\_\_ Date: \_\_\_\_\_
- Type of Site (e.g., NGO, Government): \_\_\_\_\_
- Site Supervisor Name: \_\_\_\_\_
- Secondary Contact Name (if any): \_\_\_\_\_
- Site Address: \_\_\_\_\_
- Phone Number/Extension: \_\_\_\_\_ Secondary: \_\_\_\_\_
- Email Address: \_\_\_\_\_ Secondary: \_\_\_\_\_

### Community Service Assignment Details

- Assignment Title: \_\_\_\_\_
- Short Description of Assignment: \_\_\_\_\_  
\_\_\_\_\_
- Number of hours available each week: \_\_\_\_\_ (Specify if flexible or set hours)
- Required Skills/Qualifications: \_\_\_\_\_

### **Responsibilities** (Please check the responsibilities that apply to this assignment)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Answering Phones | <input type="checkbox"/> Scheduling           | <input type="checkbox"/> Health Support Services       |
| <input type="checkbox"/> Entering Data    | <input type="checkbox"/> Food Preparation     | <input type="checkbox"/> Legal and Security Services   |
| <input type="checkbox"/> Filing           | <input type="checkbox"/> Mailing Letters      | <input type="checkbox"/> Sales and Service             |
| <input type="checkbox"/> Cleaning         | <input type="checkbox"/> Creating Documents   | <input type="checkbox"/> Repair and Technical Services |
| <input type="checkbox"/> Greeting Guests  | <input type="checkbox"/> Excel Spreadsheets   | <input type="checkbox"/> Artistic Performance          |
| <input type="checkbox"/> Using Computer   | <input type="checkbox"/> Maintenance          | <input type="checkbox"/> Science and Research          |
| <input type="checkbox"/> Faxing           | <input type="checkbox"/> Teaching/Training    | <input type="checkbox"/> Transportation Services       |
| <input type="checkbox"/> Scanning         | <input type="checkbox"/> Event Planning       | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Customer Support | <input type="checkbox"/> Financial Management |  |
| <input type="checkbox"/> Childcare        | <input type="checkbox"/> Agricultural Tasks   |  |

### **Training Duties** (Please specify if these are duties the participant should be trained in or will be trained for)

- \_\_\_\_\_
- \_\_\_\_\_



**Additional Information**

- **Current SCSEP Participants at Your Location:** \_\_\_\_\_
- **Different Supervisor for this Assignment?** ☐ Yes ☐ No
  - If yes, **Name:** \_\_\_\_\_
- **Potential for Permanent Employment in the Future?** ☐ Yes ☐ No

**Special Notes or Instructions:**

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-----**For Office Use Only**-----

**Assignment Information:**

Participant Assigned: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Is this a New Host Agency? ☐ Yes ☐ No If current, does this Host Agency have an updated Agreement? ☐ Yes ☐ No

*For any queries regarding this form, please contact Sharyn Hancock, Program Director, Senior Community Employment Service Program 523 Madison Street, Suite A | Clarksville, TN | 37040 | 615-664-8564 cell | 615-334-0340 fax*





## Training Schedule

Indicate the usual schedule for this position

Participant's Signature

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Training Site

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Day of the Week	Start Time	End Time	Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

## Physical Activities Checklist

*Please check the physical activities listed below which are required to do this training assignment.*

- ☐ Standing in one place for an extended period of time (30 minutes or more).
- ☐ Considerable walking in the work area while performing tasks.
- ☐ Maintaining any static body position for a period of 30 minutes or more at a time.
- ☐ Repetitive motion continued for periods of 30 minutes or more at a time.

Please specify the repetitive motion: \_\_\_\_\_

- ☐ Climbing of: ☐ Stairs ☐ Ladders ☐ Steep Inclines
- ☐ Crouching (Bending of knees): ☐ Occasionally ☐ Frequently
- ☐ Stooping (bending at the waist): ☐ Occasionally ☐ Frequently
- ☐ Turning or twisting of the upper body as a frequent activity.
- ☐ Reaching with arms extended above the head.
- ☐ Gripping or grasping with the hands for periods of 30 minutes or more.
- ☐ Lifting of items: ☐ From below the knees ☐ Above the shoulders Approximate weight: \_\_\_\_\_
- ☐ Lifting of items only between the knees and shoulders. Approximate weight: \_\_\_\_\_
- ☐ Carrying items: ☐ Weighing 25 lbs or more ☐ Bulky items ☐ Occasionally ☐ Frequently
- ☐ Pushing or pulling objects as a frequent activity.
- ☐ Visual requirements exceeding those of normal daily activities of living.
- ☐ Hearing requirements exceeding those of normal daily activities of living.

*Please add any explanatory comments or list other required physical activities should be considered on the back.*