

## In-Kind Contribution Form

### CONFIDENTIAL Supervisor/Trainer's Non-Federal In-Kind Contribution

The Senior Community Service Employment Program (SCSEP) relies on the valuable contributions of the organizations and individuals who train and provide supervision to our program trainees. In order to reflect the value of this contribution, please complete this form. The information on this form will be seen only by those individuals who compute and report aggregate in-kind contributions and the staff persons who audit or monitor the program.

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

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Name of Supervisor/Trainer:** \_\_\_\_\_

<b>A) <input type="checkbox"/> Annual Salary or <input type="checkbox"/> Hourly Wage Rate</b>	\$ _____
<b>B) Hours Worked Per Year</b>	_____
<b>C) Hours Worked Supervising SCSEP *</b>	_____
<b>D) In-Kind Supervision</b>	\$ _____

(Compute row D as Follows: For Salaried employees -  $A \times (C \div B) = D$  for hourly employees -  $A \times C = D$ )

**\* Time spent supervising SCSEP trainee must be paid for with non-federal funds that are not used to match another federal program.**

**Certification:** I certify that the above information is accurate. I agree to inform the SCSEP of any changes in the information that may occur during the course of the grant period. Authorized representatives of the United States Department of Labor (USDOL), the New York State Comptroller or his authorized representatives, the staff of NYSOFA and the staff of the local SCSEP subrecipient shall have access to and right to examine all payroll and time allocation records that support the claimed in-kind contributions. Records pertaining to the claimed in-kind supervision will be retained for four years after the end of the grant period.

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

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

Title: \_\_\_\_\_