



INSTRUCTIONS FOR COMPLETING HOST AGENCY SUPERVISION REPORT

VANTAGE Aging is required to provide a Non-Federal In-Kind Match towards the cost of VANTAGE Aging annual program funding. The most significant portion of this Non-Federal matching share is the value of salaries of the host agency personnel who directly supervise VANTAGE Aging's Title V Participants. **Every three years (or as staffing changes occur) we require this information of each Host Agency for EACH Work-Training SITE location: this includes different departments at the same Host Agency.**

1. The Host Agency shall complete:

At the top of the Host Agency Authorization Form: Host Agency Training Site Name, Complete Training Site Address, Phone, FAX, email address, and County.

- (1) The name of the person designated as the immediate supervisor of each Participant. If more than one supervisor, enter the name(s) of the supervisor(s) who provide(s) the majority of the supervision and sign(s) the time sheet.

Please carefully read the directions on the Authorization Form to complete:

- (2) The hourly wage for the supervisor(s). **We must have an hourly amount.**
- (3) The source of the funds that pay the wage of the supervisor(s) expressed as a percentage, Federal and Non-Federal. For example: "Federal 0% and Non-Federal 100%" OR "Federal 50% and Non-Federal 50%" OR "Federal 20% and Non-Federal 80%." **Do not leave item 3) blank. Please indicate the appropriate percentages of the supervisor's wages for both federal and non-federal funds totaling 100%.**

2. At the bottom of the Host Agency Supervision Report Form:

Signature - An authorized **Executive Official** of the Host Agency, *either the Director (CEO) or the Financial Officer (CFO)*, who has direct knowledge of the sources of Supervisor wages shall sign and indicate his/her **JOB TITLE** to verify this information.

VERY IMPORTANT any time there is an addition to or a change in Supervisors who may be signing time sheets, new paper work must be submitted. Participant Time Sheets submitted with Non-Authorized Supervisor Signatures **CAN NOT** be processed by Payroll.

NEW SUPERVISOR: A NEW Host Agency Supervision Report and Authorized Signature Form shall be completed by the Host Agency anytime there are changes within the grant year and forwarded to the Local Project Director **BEFORE** a time sheet is submitted with the new Supervisor's information and signature.

**Contact your Local Project Director OR the Akron Office
[1-800-554-5335, ext. 156] if you have any questions.**

HOST AGENCY SUPERVISION REPORT



This report will document the hourly wage of each Title V Participant's supervisor. The number of hours provided in supervision each pay period will be documented on the Title V Participant's time sheets. **A supervisor's hours of supervision may not exceed 20% of the total hours that the Participant reports.** VANTAGE Aging will then multiply each supervisor's wage rate by the number of hours spent supervising Participants during the pay period to calculate the required non-federal in-kind contribution for both the VWS-DOL and ODA Grants.

Program Years: _____, **2017 to June 30, 2020**
(Month and day)

THIS INFORMATION IS CONFIDENTIAL AND WILL BE USED ONLY FOR THE PURPOSE OF CALCULATING NON-FEDERAL IN-KIND CONTRIBUTIONS OF SUPERVISORY TIME.

Host Agency <i>SITE</i> Name:							
Complete <i>SITE</i> Address		Number & Street address:					
City		State	OH	Zip		E-mail address	
Phone	() - ,ext.	Fax	() -	County			

PLEASE INDICATE: 1) The name(s) of the person(s) designated as immediate supervisor(s) for each VANTAGE Aging Title V Participant assigned to your agency. 2) The **HOURLY** wage for each supervisor. *If a Participant's supervisor is a volunteer, indicate an hourly wage which would be appropriate for a paid position with the same responsibilities.* If a supervisor receives an annual salary, please calculate the hourly wage by dividing the salary by 2080 (based on a 40 hr work week); 1950 (based on a 37 1/2 hr work week); 1820 (based on a 35 hr work week), etc. If a Participant has more than one immediate supervisor, list the name of the all persons who may be signing a time sheet on a regular basis. 3) The **source of the funds used to pay the wages of the supervisor.** If the wages are entirely federal, or entirely non-federal, indicate 100% and 0% in the appropriate spaces. **Do not leave item 3) blank.** If the supervisor's wages are paid from **both** federal and non-federal funds, please indicate the appropriate percentages.

The individuals named below have the power and authority to supervise Title V Participants.

1) Supervisor Name	Job Title	2) Hourly wage	3) Funding Source(s) of Wages				
a.		\$	Fed	%	+ Non-Fed	%	=100%
b.		\$	Fed	%	+ Non-Fed	%	=100%
c.		\$	Fed	%	+ Non-Fed	%	=100%
d.		\$	Fed	%	+ Non-Fed	%	=100%

I hereby certify (i) that this report is true in all respects; (ii) that all contributions have been made in accordance with the budget and the Agreement; (iii) receipts, records, and accounts as required by the Agreement and the U.S. Department of Labor rules and regulations are sufficient to document each contribution for which credit is claimed and are available for inspection; (iv) the contributions are from Non-Federal sources with the exception of general revenue sharing funds; (v) these contributions have not been claimed on any other program.

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Signature of Agency Director or CEO or Financial Official or CFO	<i>Typed or Printed Name</i>	<i>Title</i>	<i>Date</i>