



## SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM TRAINING SITE PAPERWORK

Vantage has changed its terminology to reflect SCSEP's ultimate goals of training and employment.

- Participants are now called **Job Seekers**.
- Host Agencies are called **Training Sites**.
- Supervisors are called **Designated Trainers**.

The following forms are required for status as a Training Site in Vantage's Senior Community Service Employment Program. for the program years July 1, 2023 to June 30, 2026. The forms are completed every 3 years. However, if there are any changes to designated trainers or authorized signers, the In-kind Wage Report and Authorized Signature Form will need to be updated.

- Completed **TRAINING SITE AGREEMENT**
- Completed **TRAINING SITE IN-KIND WAGE REPORT**, indicating the individual who will be the designated trainer (supervisor) for each Job Seeker. Include hourly wage and what percent of that wage is from federal and non-federal sources, **signed by an Authorized Official: either the Agency Director (CEO) or Financial Officer (CFO)**.
- Completed **TRAINING SITE AUTHORIZED SIGNATURE FORM**. Must include signatures (live not electric) of everyone authorized to sign Job Seekers' time sheets.
- Completed **AVAILABLE TRAINING OPPORTUNITIES FORM**
- Completed **LOCAL INCOME TAX FORM**, including Local School District and number (if known).
- **IRS 501(c)(3) Letter**. - (This is NOT your tax-exempt form for purchases.)

Please complete all documentation and return it either by fax to 330-762-8644 or by e-mail to [scsep@vantageaging.org](mailto:scsep@vantageaging.org)

Failure to return all forms by 7/1/2023 may result in your SCSEP participant job seeker being unable to train at your agency.

Please call Tammy Bigler, Director of Workforce Operations, at 330-253-4597 ext.136 or toll free at 1-800-554-5335 ext.136 with any questions.



## COMMUNITY SERVICE & WORK-TRAINING AGREEMENT

[One must be completed for each location]

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<b>This agreement is made and entered into this date:</b>	/ /20__	<b>between VANTAGE Aging,</b>
<b>hereinafter referred to as the SPONSOR AGENCY and, complete Name of Training Site (and location, if applicable)</b>		
		<b>, hereinafter referred to as the TRAINING SITE.</b>
<b>CHECK ONE: The TRAINING SITE is a:</b>	<input type="checkbox"/> <b>Government Unit</b>	<b>OR</b> <input type="checkbox"/> <b>IRS (501) (c) (3) tax exempt agency</b>
<b>** IRS (501) (c) (3) tax exempt Agencies, MUST ATTACH a copy of your IRS (501) (c) (3) exemption letter.</b>		
<b>Your Federal Employer Identification Number (FEIN):</b>		
<b>1. The PARTIES agree:</b>		
a) <b>The period of this agreement shall be from</b>		<b>through June 30, 2026.</b>
<b>2. The TRAINING SITE agrees:</b>		
a) To provide adequate supervision to enable the job seeker to perform in a productive and effective manner.		
b) To provide orientation, instruction and training concerning the TRAINING SITE, its activities, the job seeker's day to day responsibilities, <b>and continuous opportunities for skill development in preparation for unsubsidized employment within their desired career pathway.</b>		
c) To send a relevant representative to the annual mandatory training as schedule by the local Regional Director.		
d) To assure that each job seeker is performing the duties as outlined in the currently approved Community Service Work-Training Assignment Description, and to request a meeting with the Regional Director to discuss any desired upgrade or changes to the job seeker's assignment schedule, Work-Training Assignment Duties, designated trainer, place of assignment, or status within the TRAINING SITE; and to receive the Regional Director's input and approval prior to instituting any changes. Changes to the Work-Training Assignment Description without prior approval of the Local Regional Director may result in cancellation of the TRAINING SITE Agreement and/or Workers Compensation problems for the job seeker and/or the TRAINING SITE. In addition, should the job seeker's work-training assignment description include driving a TRAINING SITE vehicle, the TRAINING SITE must assure that their vehicle Liability Insurance includes coverage for the job seeker (any assigned/designated driver).		
e) To provide safe and sanitary Work-Training assignment conditions.		
f) To ensure that the job seeker's activities will either, "Create new and/or expand existing community services," <b>only.</b> The job seeker or his/her Work-Training assignment activities <b>may not:</b>		
(1) Result in the partial or total displacement of currently employed workers, (2) Impair existing contracts or result in the substitution of Federal Funds for other funds in connection with work that would otherwise be done, (3) Be used as a replacement for a position from which a person has been laid off;		
These constitute Maintenance of Effort, which is illegal [see Handbook for ramification details].		
g) To ensure that <b>one and only one</b> Title V National or State Sponsor will serve this TRAINING SITE; exceptions:		
i. the National Grantee and the State sub-grantee are the same entity; ii. the assignment is fulfilling a Federal requirement to participate in the American Job Center System.		
h) Not to discriminate on the basis of race, creed, color, sex, age, disability, national origin, religion, political affiliation, ethnicity, sexual orientation, HIV Infection, AIDS Related Complex or AIDS, as governed by applicable State and Federal laws, is required.		
i) To provide the SPONSOR AGENCY with time and attendance records that have been reviewed for accuracy & signed by an Authorized Trainer (appearing on the In-Kind Wage Report and Authorized Signature Form; and as designated by the SPONSOR AGENCY), activity reports, evaluations (when requested), and accurate in-kind records as required by the SPONSOR AGENCY.		
j) <b>To assure that each Job Seeker performs his/her assignment ONLY the total number of hours authorized by the SPONSOR AGENCY.</b> Volunteer or overtime hours are not permitted. Banking hours and Comp-time are prohibited. <b>Only the actual hours on assignment for that pay period</b> may be reported on that particular time sheet. A job seeker may make up hours missed, with the permission of the Trainer, <b>during the same pay period,</b>		

<b>only.</b> Participants <b>may not exceed 40 hours for any one week.</b> [See the Manual or speak with your Regional Director for additional clarification.]	
k) To advise the Local Regional Director or the SPONSOR AGENCY if significant problems develop in the job seeker's Work-Training assignment and consult with him/her on procedures to be followed.	
l) To consider the job seeker for regular job openings within the TRAINING SITE when vacancies occur, to notify the Regional Director of such vacancies for other possible candidate referrals, to assist the SPONSOR AGENCY in adhering to the DOL Unsubsidized Employment emphasis and IEP guidelines of the program by contributing to the marketability of the job seekers, by encouraging the job seeker to apply for all appropriate positions in the general community, and by encouraging and allowing the job seeker to go for interviews, even if the interviews occur during normal Work-Training Assignment hours.	
m) Further, the TRAINING SITE understands that any background checks required by the TRAINING SITE will be completed and paid for by the TRAINING SITE.	
<b>3. The SPONSOR AGENCY agrees:</b>	
a) To be responsible for the administration and fiscal components of the Program including the provision of salary and fringe benefits as required by law: wages, w/c, FICA, etc.	
b) To provide the TRAINING SITE with an orientation and periodic updates on the goals and objectives of the program including the MANDATORY ANNUAL TRAINING.	
c) To recruit and refer eligible applicants/job seekers to the TRAINING SITE to be interviewed, and when such individuals meet the TRAINING SITE'S approval, to assign the person to the TRAINING SITE.	
d) To counsel with both the job seeker and the designated TRAINING SITE trainer(s) in matters pertaining to Work-Training assignment performance, IEP requirements, Job Club participation, and <b>unsubsidized employment.</b>	
<b>4. DURATION OF ASSIGNMENT:</b>	
It is understood by the TRAINING SITE and the job seeker that the job seeker may remain in one Work-Training assignment only long enough to meet the <b>employment skill goals</b> as noted in the job seeker's Individual Employment Plan [IEP] <b>AND may be re-assigned at any time</b> to another TRAINING SITE, sent to training opportunities to receive marketable skills not available at a TRAINING SITE, to Job Club, or referred to Unsubsidized Employment opportunities based on the completion of the IEP action steps and goals. It is further understood that no TRAINING SITE owns a job seeker, nor a job seeker a TRAINING SITE. The expectation is that most job seekers will achieve unsubsidized employment within six (6) to nine (9) months of enrollment in the SCSEP program.	
<b>5. IN-KIND CONTRIBUTIONS:</b>	
SCSEP cannot accept as "In-Kind," federal funds and non-federal funds used as another match. I, the TRAINING SITE, certify that the in-kind hours reported to the SPONSOR AGENCY are not costs used as a match towards another program. I also agree to complete the Authorized Signature Form and In-Kind Wage Report whenever changes occur in staffing and every three years when the Training Site Agreement is due to assist SPONSOR AGENCY in capturing the required In-Kind match of the Federal Funds to provide the Title V program.	
<b>6. DURATION OF AGREEMENT/DURATION OF PROGRAM:</b>	
This Agreement, effective through June 30, 2026, may be terminated by either party by written or verbal notice to the other party or upon termination or reduction of Federal Funds. The SPONSOR AGENCY will make every effort to give a 30-day notice. As of July 1, 2007, Participants have only 48 months, life-time, to participate in this program, and are not to exceed 27 months (average) for any one period of enrollment. <b>All TRAINING SITE and SPONSOR AGENCY personnel need to assist the job seeker in achieving marketability through quality Work-Training Assignments and appropriate job leads to meet the employment goals of each Job Seeker.</b> Training sites providing solid Work-Training experiences for job seekers will be rewarded with continued referrals.	
<b>7. OFFICIAL SIGNATURES:</b>	
<i>COMPLETE SPONSOR AGENCY NAME</i>	<i>COMPLETE VTCRPI UKG NAME</i>
<b>VANTAGE Aging _____ Project</b>	
<i>Signature of Authorized Official (Project Director)</i>	<i>Signature of Authorized Official (Executive Director, CEO, Financial Officer, or CFO)</i>
<i>Typed or Printed Name of Authorized Official</i>	<i>Typed or Printed Name of Authorized Official</i>
<i>Authorized Official Title</i>	<i>Authorized Official Title</i>
<b>Project Director</b>	
<i>SPONSOR AGENCY Street Address</i>	<i>TRAINING SITE Street Address</i>
<i>City, State Zip Code</i>	<i>City, State Zip Code</i>



## INSTRUCTIONS FOR COMPLETING IN-KIND WAGE 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 training site personnel who directly train VANTAGE Aging's SCSEP Job Seekers. **Every three years (or as staffing changes occur) we require this information of each Training Site for EACH Work-Training SITE locations.**

### 1. The Training Site shall complete:

**At the top of the In-Kind Wage Report:** Training Site Name, Complete Training Site Address, Phone, Fax, E-mail address, and County.

- (1) The name of the designated trainer(s) for each job seeker who provides the majority of the training and sign(s) the time sheet.

**Please carefully read the directions on the actual Form to complete:**

- (2) The hourly wage for the trainer(s). **We must have an hourly amount.**
- (3) The source of the funds that pay the wage of the designated trainer(s) expressed 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 In-Kind Wage Report Form:

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

**VERY IMPORTANT** any time there is an addition to or a change in trainers who may be signing time sheets or that trainer's funding, new paperwork must be submitted. Job Seeker Time Sheets submitted with Non-Authorized Signatures CAN NOT be processed by Payroll.

**NEW TRAINER:** A NEW In-Kind Wage Report and Authorized Signature Form shall be completed by the Training Site anytime there are changes within the grant year and forwarded to the Local Regional Director BEFORE a time sheet is submitted with the new trainer's signature.

**Contact your Local Regional Director if you have any questions.**



**IN-KIND WAGE REPORT**

This report will document the hourly wage of each SCSEP job seeker's trainer. The number of hours provided in supervised training each pay period will be documented on the SCSEP job seeker's time sheets. **A trainer's hours of supervised training may not exceed 20% of the total hours that the job seeker reports.** Vantage Aging will then multiply each trainer's wage rate by the number of hours spent training the job seeker during the pay period to calculate the required non-federal in-kind contribution.

**Program Years:** \_\_\_\_\_, **2023 to June 30, 2026**  
 (Month and day)

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

<b>Training SITE Name:</b>							
<b>Complete SITE Address</b>			<b>Number &amp; Street address:</b>				
<b>City</b>		<b>State</b>	<b>OH</b>	<b>Zip</b>		<b>E-mail address</b>	
<b>Phone</b>				<b>Fax</b>			<b>County</b>

**PLEASE INDICATE:** 1) The name(s) of the person(s) designated as the main trainer for each Vantage Aging SCSEP job seeker assigned to your agency. 2) The **HOURLY wage** for each trainer. *If the assigned trainer is a volunteer, indicate an hourly wage which would be appropriate for a paid position with the same responsibilities. If the trainer 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 job seeker has more than one designated trainer, 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 trainer.** 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 trainer'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 train SCSEP job seekers.**

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

			/ /20
<b>Signature of Agency Director or CEO or Financial Official or CFO</b>	<i>Typed or Printed Name</i>	<i>Title</i>	<i>Date</i>



**TRAINING SITE**  
**AUTHORIZED SIGNATURE FORM**

It is a requirement of the **DEPARTMENT OF LABOR** that Vantage Aging has an Authorized Signature of all the Training Sites Trainers and Alternate Trainers. This is updated every three years (or as changes occur at your agency).

**NOTE: A new AUTHORIZED SIGNATURE FORM must be submitted along with a new IN-KIND WAGE REPORT, IMMEDIATELY, as changes occur.**

<b>FOR PROGRAM YEAR:</b>		, 20	<b>TO</b>	<b>June 30, 2026</b>	
<b>TRAINING SITE NAME:</b>					
<b>SITE LOCATION: Complete if you have more than one site/location; AND complete one for EACH site/</b>					
<b>location; Include complete address--Number and Street</b>					
<b>City</b>			<b>State</b>	<b>OH</b>	<b>Zip</b>

Signature must be written, not printed.

<b>a. Trainer's SIGNATURE:</b>	
Trainer's TYPED or PRINTED Name:	
Trainer's E-MAIL address:	
<b>b. Trainer's SIGNATURE:</b>	
Trainer's TYPED or PRINTED Name:	
Trainer's E-MAIL address:	
<b>c. Trainer's SIGNATURE:</b>	
Trainer's TYPED or PRINTED Name:	
Trainer's E-MAIL address:	
<b>d. Trainer's SIGNATURE:</b>	
Trainer's TYPED or PRINTED Name:	
Trainer's E-MAIL address:	

**THE FOLLOWING PEOPLE ARE ONLY AUTHORIZED TO SIGN JOB SEEKER TIME SHEETS WHEN THE DESIGNATED TRAINER(S) LISTED ABOVE IS NOT AVAILABLE:**

**\*\* NOTE: No job seeker may sign another job seeker's timesheet, ever.**

**Signature must be written.** They can not be computer generated.

<b>1. Alternate Trainer's SIGNATURE:</b>	
Alternate's TYPED or PRINTED Name:	
Alternate's E-MAIL address	
<b>2. Alternate Trainer's SIGNATURE:</b>	
Alternate's TYPED or PRINTED Name:	
Alternate's E-MAIL address	
<b>3. Alternate Trainer's SIGNATURE:</b>	
Alternate's TYPED or PRINTED Name:	
Alternate's E-MAIL address	



## LOCAL INCOME TAX FORM

<b>TRAINING SITE NAME:</b>	
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<b>SITE ADDRESS:</b>	
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<b>CITY, STATE, ZIP:</b>	
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*Complete one of these forms for each training site location for your agency.. This information ensures that the proper taxes are taken out of the job seeker's pay.*

<i>Name [and # if you know it] of your Local Income Tax District</i>	
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**Please write the Name [and # if you know it] of your Local Income Tax District (or write *Non-taxable Area, if applicable*) in the above box.**  
***(PLEASE NOTE: Just because you have Tax-Exempt Status does NOT mean you are located in a Non-taxable Area.)***

## Identification of Available Training Opportunities

Please complete this form so we can have a complete inventory of the training opportunities available at your agency. This document will be used to customize training assignments for each job seeker and as a pre-screening tool to match appropriate candidates with the right training site. The bolded categories below reflect career pathways that are both in-demand in the state and most frequently pursued by our job seekers. Please mark an "X" for all individual opportunities available at your agency, regardless of which pathway they fall below. Place additional opportunities on the blank lines.

### Training Site Profile Information

Training Site Name: \_\_\_\_\_  
 Training Site Address: \_\_\_\_\_  
 Primary Contact Name: \_\_\_\_\_  
 Primary Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Primary Community Service Provided by Agency: \_\_\_\_\_

#### Basic Job Skills (STRONGLY PREFERRED)

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Have Access to a Computer for Skill Development         |
| <input type="checkbox"/> | Practice Professional Interactions with Staff & Clients |
| <input type="checkbox"/> | Use Email for Communications & Scheduling               |
| <input type="checkbox"/> | Adhere to Mutually Agreed Upon Work Schedule            |
| <input type="checkbox"/> | Supervised by Experienced Staff                         |
| <input type="checkbox"/> | Receive Regular Performance Feedback                    |
| <input type="checkbox"/> |   |
| <input type="checkbox"/> |   |

#### Food Service

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Help Prepare and/or Package Hot or Cold Meals      |
| <input type="checkbox"/> | Operation of Industrial Kitchen Equipment          |
| <input type="checkbox"/> | Learn Proper Food Storage & Preparation Techniques |
| <input type="checkbox"/> | Learn & Adhere to Industry Food Regulations        |
| <input type="checkbox"/> | Assist with Delivery of Meals to Homebound Clients |
| <input type="checkbox"/> | Organize Food Items for Distribution to Clients    |
| <input type="checkbox"/> |  |
| <input type="checkbox"/> |  |

#### Office Administration

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Perform Data Entry Functions                        |
| <input type="checkbox"/> | Use Basic Microsoft Word, Excel, PowerPoint         |
| <input type="checkbox"/> | Assist with Invoicing/Billing                       |
| <input type="checkbox"/> | Prepare Basic Accounting Entries/Deposits           |
| <input type="checkbox"/> | Operate Fax/Copy/Scan Machine                       |
| <input type="checkbox"/> | Organize Electronic Files in a File Storage System  |
| <input type="checkbox"/> | Assist with Grant Writing & Tracking of Grant Funds |
| <input type="checkbox"/> |   |
| <input type="checkbox"/> |   |

#### Customer Service

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Greet Customers & Use Customer Service Skills       |
| <input type="checkbox"/> | Answer Phone & Direct Phone Calls                   |
| <input type="checkbox"/> | Track Client Attendance                             |
| <input type="checkbox"/> | Assist With Mail & Correspondence                   |
| <input type="checkbox"/> | Schedule & Plan Logistics of Meetings/Events        |
| <input type="checkbox"/> | Assist with Donor Recognition & Thank You Processes |
| <input type="checkbox"/> | Organize and Prepare Retail Goods For Sale          |
| <input type="checkbox"/> |   |
| <input type="checkbox"/> |   |

#### Health Care

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Assist with Adult Day Care Clients          |
| <input type="checkbox"/> | Assist with Youth Day Care Clients          |
| <input type="checkbox"/> | Assist with Disabled Day Care Clients       |
| <input type="checkbox"/> | Assist with Client Daily Living Skills      |
| <input type="checkbox"/> | Aide with Client Activity Programming       |
| <input type="checkbox"/> | Learn & Adhere to Industry Care Regulations |
| <input type="checkbox"/> | Perform Basic Pharmaceutical Tasks          |
| <input type="checkbox"/> |   |
| <input type="checkbox"/> |   |

#### Facility Management

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Ensure a Clean Environment Free of Debris or Clutter |
| <input type="checkbox"/> | Sanitize & Clean Facility                            |
| <input type="checkbox"/> | Assist with Building Repairs & Maintenance           |
| <input type="checkbox"/> | Assist with Landscaping & Outdoor Maintenance        |
| <input type="checkbox"/> | Itemize Fixed Assets for Inventory Purposes          |
| <input type="checkbox"/> | Reorder cleaning products and maintenance supplies   |
| <input type="checkbox"/> | Maintain Log of Frequently Used Products/Supplies    |
| <input type="checkbox"/> |  |
| <input type="checkbox"/> |  |

### Selection Criteria Requirements

Please list required criteria such as job seeker's ability to stand for long periods of time, previous required experience, etc.

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