

NORTH CAROLINA
Senior Community Service Employment Program

SUPERVISOR'S IN-KIND WAGE FUNDING STATEMENT

Supervisory in-kind as a match of Federal Funds for SCSEP can only be counted if from non-Federal sources.

Sub
grantee: _____

Supervisor's Name: _____

Organization: _____

Address: _____

Participant's Name: _____ ID#: _____

GRANT PERIOD: _____

I certify that my salary/wage is from the following funding source(s).

- () 100% Federal Funds
- () 100% Non-Federal Funds _____ Source
- () Combination Federal and Non-Federal _____ Source
- _____ % Federal _____ Source
- _____ % State _____ Source
- _____ % Other _____ Source
- _____ % Other _____ Source

HOST AGENCY NON FEDERAL IN-KIND/CASH CONTRIBUTIONS:

Supervisor's hourly wage rate is _____ (List only non-federal portion of salary)
 Host Agency donation amount/month _____ (List only non-federal amount)

| | | |
|--------------------|---------------------|----------------------|
| Supplies: \$ _____ | Telephone: \$ _____ | Other/Specify: _____ |
| Rent: \$ _____ | _____ | _____ |

I further certify the non-Federal Funds that will be used as an in-kind match or cash contribution made for SCSEP are not used to match any other grant funds this organization receives.

 Authorizing Officials Signature

 Date

OCT 2014

**NORTH CAROLINA
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM**

NON-FEDERAL CASH CONTRIBUTION STATEMENT

This form is to acknowledge that the Policy on Host Agency Contributions (e.g. the Match) has been explained to me as follows:

1. *Non-federal cash contributions* must be reported accurately since the information is required to comply with federal regulations. This contribution may be non federal cash or in-kind.

2. I understand that non-federal cash will be subject to State and Federal monitoring and audits.

3. I understand that non-federal cash or in-kind is NOT a requirement to enter into an agreement for purposes of serving as a SCSEP host agency.

4. I agree to submit non-federal cash to the SCSEP provider no later than 10th day of each month as the SCSEP provider is required to report the match to the State SCSEP agency monthly. I also understand that if there are any changes to the program such as, if a participant leaves the assignment, I am not required to continue my obligation of non federal cash contribution.

5. I understand that this non-federal contribution is voluntary and I have been made aware of all the various options to provide in-kind contributions (supervisor's salary, equipment, rent etc.) and have opted to contribute non federal cash to the program.

6. I understand that reported *non-federal cash contribution* is subject to monitoring and supervisors agree to make documentation (e.g. memos or case notes) available to support the source of non-federal cash match to the authorized SCSEP representative (State and Federal).

By signing below, I certify that I have been informed of and understand the non-federal cash contribution policy; that only the non-federal portion of agency funds will be used in providing cash contributions towards SCSEP.

Signature of Supervisor

Date

Print/Type Name of Supervisor and Name of Host Training Site