



SER SCSEP

(This is a Training Program for SCSEP Participants)

61 - HOST AGENCY AGREEMENT

See Sections 10, 11, & 25 of the SOP

Agency/Organization: _____ FEIN: _____

The Senior Community Service Employment Program (SCSEP) aids unemployed low income individuals, 55 years and older, in re-entering the workforce by providing subsidized community service training assignments with non-profit and government agencies to gain experience. Thank You for partnering with SER SCSEP to enhance employment opportunities for the participants that will be assigned with your agency/organization. Your agency will assist participants with meaningful training opportunities to update and/or develop job skills needed to obtain unsubsidized employment.

SER SCSEP responsibilities:

- ☛ Assessment of the participant's skills;
- ☛ Development of a customize employment plan;
- ☛ Assignment to a suitable training site;
- ☛ Create a list of training activities and appropriate schedule for each participant;
- ☛ Provide compensation (at the federal/state minimum wage) to participants for training;
- ☛ Provide job search guidance through employment referrals and job readiness workshops;
- ☛ Communicate to host agencies any changes in regards to training and/or SCSEP policies and procedures;
- ☛ Make available opportunities for participants to rotate to other host sites for additional training experience;
- ☛ Conduct annual/bi-annual informational Host Agency meetings; and
- ☛ Cover all SER participants under a worker's compensation insurance policy during training hours.

Agency/Organization responsibilities:

- ☛ Provide supervision, orientation, training, safe training site and adhere to all applicable state laws regarding meal/rest breaks;
- ☛ Abide by agreed-upon training schedule and submit properly prepared and signed timesheets.
- ☛ Adhere to the policies/procedures outlined in the SER SCSEP Handbook;
- ☛ Consider hiring the participant if appropriate openings occur [no special consideration is implied];
- ☛ Cover the cost for background checks, health screenings or drug testing required by the agency;
- ☛ Maintain open communication with the SCSEP staff regarding the participant's training and any issues/situations;
- ☛ Inform SCSEP staff when the participant gets a job.
- ☛ Agree not to use participants as substitutes for permanent employees; to displace currently employed or laid off employee [within 2 years]; or to reduce regular hours, wages or benefits.
- ☛ Agree not to compensate the participant in any form or manner;
- ☛ Attend SER SCSEP host agency meetings; and
- ☛ Provide a copy of the following upon request: General Liability Insurance, IRS 501(c)(3) letter [non-profits], an annual HA Assessment of SCSEP, and supervisor hours for In-kind services provided [if applicable].

This agreement will be in effect from the date signed until June 30 of following year [one program year]; a renewal of this partnership must be signed each program year [July - June].

The subsequent representative's signature on this agreement acknowledges that each supervisor will read and adhere to the above requirements. It further signifies your agency accepts and agrees to cooperate with SER SCSEP.

Please check each appropriate box:

<u>Type of Agency/Organization:</u> <input type="checkbox"/> Non-Profit Organization - IRS code 501(c)(3)- documentation attached <input type="checkbox"/> Public Organization - Government agency including federal, state, county, or city	<u>Participant Supervisor is Paid From:</u> <input type="checkbox"/> Federal funds <input type="checkbox"/> Non-federal funds Supervisor Hourly Pay Rate: _____	<u>Additional Sites:</u> <input type="checkbox"/> No <input type="checkbox"/> Yes -- fill out Form# 62 (HAA- Additional Sites)
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Agency/Organization - Main Office Location _____

Address _____ City, State, ZIP _____

Telephone & Fax _____

Email _____

Agency/Organization Representative Name (Print) _____

Agency/Organization Representative Signature _____ Date Signed _____

Select Office Name _____

SER SCSEP Site _____

Address _____ City, State, ZIP _____

Telephone & Fax _____

Email _____

SER SCSEP Staff Name (Print) _____

SER SCSEP Staff Signature _____ Date Signed _____



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62 - HOST AGENCY AGREEMENT-ADDITIONAL SITES

Please attach to the Host Agency Agreement
See Sections 10, 11, & 25 of the SOP

Host Agency Name: _____

Mailing Address _____

City _____ State _____ ZIP _____

Physical Address _____

City _____ State _____ ZIP _____

Telephone & Fax _____

Email _____

Contact Person Name (Print) _____

Title _____

Other Host Agency Authorized Sites [each site listed below must have a separate Host Agency File]

Name: _____

Phone No. (____) _____

Address _____

City _____ State _____ ZIP _____

Telephone & Fax _____

Email _____

Contact Person Name (Print) _____

Title _____

Name: _____

Phone No. (____) _____

Address _____

City _____ State _____ ZIP _____

Telephone & Fax _____

Email _____

Contact Person Name (Print) _____

Title _____

Name: _____

Phone No. (____) _____

Address _____

City _____ State _____ ZIP _____

Telephone & Fax _____

Email _____

Contact Person Name (Print) _____

Title _____

Name: _____

Phone No. (____) _____

Address _____

City _____ State _____ ZIP _____

Telephone & Fax _____

Email _____

Contact Person Name (Print) _____

Title _____