



INSTRUCTIONS FOR COMPLETING ANNUAL

HOST AGENCY SUPERVISION REPORT

Mature Services, Inc. is required to provide a Non-Federal In-Kind Match towards the cost of Mature Services, Inc. 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 Mature Services' Title V Participants. **At the beginning of each grant year 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 Trainee. 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 or Non-Federal or both. For instance "Non-Federal 100%", or "Federal 50% and Non-Federal 50%". **Do not leave item 3) blank.**

2. At the bottom of the Host Agency Authorization Form:

Signature - An authorized executive official of the Host Agency shall sign and indicate his/her **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. Trainee 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 your Local Project Director BEFORE a time sheet is submitted with the new Supervisor's signature.

**Contact your Local Project Director OR the Akron Office
[1-800-554-5335, ext. 158] if you have any questions.**



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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 Trainee reports. Mature Services 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.

Program Year: 20 11 to 20 12

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

Host Agency SITE Name:							
Complete SITE Address:			Number & Street address:				
City		State	OH	Zip Code		E-mail address	
PHONE	() - , ext.		FAX	() -	COUNTY		

PLEASE INDICATE: 1) The name(s) of the person(s) designated as immediate supervisor(s) for each Mature Services Title V Participant assigned to your agency. 2) The **HOURLY wage** for the 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, **ONLY** list the name of the person who provides the majority of the supervision. 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	%
b.		\$	Fed	%	Non-Fed	%
c.		\$	Fed	%	Non-Fed	%
d.		\$	Fed	%	Non-Fed	%

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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<i>Signature of Authorized Official</i>	<i>Typed/Printed Name</i>	<i>Title</i>	<i>Date</i>