

Host Agency Application

Name of Agency: _____

Street/Mail Address: _____

City: _____ State: _____ Zip Code: _____

Telephone # (_____) _____ - _____ Fax # (_____) _____ - _____

Name & Title of Contact Person: _____

If training is to take place at a different location provide address & phone for training location:

Type of Agency:

Federal Government State Government County Government Municipal Government

Non-profit organization that is tax exempt under §501c3 of the Internal Revenue Code of 1954.
(Attach copy of the I.R.S. determination letter of §501c3 status.)

Funding Sources:

Please indicate what percentage of the agency's funding is:

Federal Gov't: _____% State Gov't: _____% Local Gov't: _____% Private Sector: _____%

Fiscal Year:

The agency's fiscal year is from: _____ to _____

Purpose of Organization:

Briefly describe the organization's purpose and target population:

continued on other side

Training:

Title of on-the-job training position desired: _____

Briefly describe on-the-job training that will be provided:

Name and title of person who will provide supervision and training:

Employment:

Will the agency be able to employ the participant upon successful completion of training?

Yes, provided that funding is available.

No, there is not a reasonable expectation that funding will be available.

If no, what will agency do to help participant obtain employment?

Signature / Maintenance of Effort:

I verify that this training position constitutes a new or expanded service and is not a violation of maintenance of effort regulations of the U.S. Department of Labor. (Positions of SCSEP participants shall be in addition to positions which otherwise would be funded by the local training site without assistance from SCSEP. Positions funded under SCSEP: shall result in an increase in employment opportunities over those which would otherwise be available; may not result in the displacement of currently employed workers, including partial displacement such as reduction in hours of non-overtime work, wages or employment benefits; may not impair existing contracts for service or result in the substitution of federal funds for other funds in connection with work that would otherwise be performed; may not substitute program jobs for existing federally assisted jobs; may not employ or continue to employ a trainee to perform work the same or substantially the same as that performed by any other person who is on layoff.)

signature of authorized agency representative

date

name and title of authorized agency representative