

# Supervisor's Non-Federal In-Kind Contribution

**CONFIDENTIAL**

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The following information is required so that a dollar value can be assigned to the amount of time a supervisor spends in direct supervision or training of a Senior Community Service Employment Program Participant. **The information supplied on this form will be kept confidential**, and will only be seen by those staff persons involved in computing and reporting the Senior Community Service Employment Program's non-federal in-kind contributions, and those NCOA and/or DOL staff persons who monitor or audit this information.

**Name of Site:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_

## 1. Value of Supervisor's Time:

a. Supervisor's actual salary computed on an hourly basis = \$ \_\_\_\_\_

b. Value of supervisor's fringe benefits on an hourly basis (if known) = \$ \_\_\_\_\_

If unknown enter zero (\$0). The hourly value of a monthly benefit package can be computed by dividing the monthly value of the benefit package by the average number of work hours in a month. (A person working forty hours per week works 2,080 hours per year, or an average of 173.33 hours per month.) For instance, a supervisor who receives a benefit package worth \$400.00 per month, should enter \$2.31 as the hourly value of their benefits to reflect benefits that are worth \$2.31 per hour (\$400/173.33).

c. Total value of one hour of supervisor's time (a + b) = \$ \_\_\_\_\_

## 2. Percent of supervisor's salary/fringe paid for with non-federal funds (check one below):

a. Supervisor is paid entirely with non-federal funds (100%)

b. Supervisor is paid partly with federal funds. Percent that is non-federal funds = \_\_\_\_\_%

c. Supervisor is paid entirely with federal funds (0%)

## 3. If value of supervisor's time cannot be determined:

a. Supervisor is a volunteer who receives no salary or fringe benefits [value = zero (0)]

b. Supervisor is unable to provide or obtain this information.

Explain why: \_\_\_\_\_

(Note: Simple refusal to provide this information is not sufficient, and will result in loss of training site status.)

The starting wage for a similar position in this community is \$ \_\_\_\_\_ per hour.

The source for determining the above figure is: \_\_\_\_\_

I certify that the above information is true and accurate to the best of my knowledge. I agree to inform the Senior Community Service Employment Program of any changes in the above information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_