

**SCSEP
HOST AGENCY SUPERVISION WORKSHEET**

Instructions: This worksheet will document the pay and non-federal status of supervisors of SCSEP Participants. Complete it and return it within one week to the SSAI SCSEP office.

Host Agency Name:		
Address:		
Preparer:	Phone:	Fax:

<i>Supervisor</i>	<i>Participant</i>	<i>Non-Federal Hourly Rate</i>
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

I hereby certify that (i) receipts, records, and accounts as required by the agreement and the U.S. Department of Labor rules and regulations will be sufficient to document each cost for which credit is claimed and will be available for inspection; (ii) the costs will be from non-federal sources with the exception of general revenue sharing funds, and (iii) these costs will not be claimed on any other federal program.

Signature of Authorized Official / Date _____

Typed Name and Title _____