

HOST AGENCY APPLICATION

Host Agency Name _____ Federal Employer Identification No. (FEIN) _____

Agency Street Address (No., Street) _____

City _____ State _____ ZIP Code _____

Agency Mailing Address (if different from above) _____

City _____ State _____ ZIP Code _____

Agency Representative or Contact Name _____ Agency Representative Title _____

Phone No. _____ FAX No. _____ E-Mail Address _____

TYPE OF AGENCY

Federal Government State Government County Government Municipal Government
 Non-Profit Organization (tax-exempt under 501(c)(3) of the Internal Revenue Code of 1954) (Attach copy of IRS certification)

FUNDING SOURCES

Indicate the percentage of the agency's funding from the following sources (must equal 100%):

Federal Government: _____ % State Government: _____ % Local Government: _____ % Private Sector: _____ %

FISCAL YEAR

July to June October to September January to December Other _____

POPULATION SERVED BY AGENCY

General Population Over 55 Population

AGENCY DESCRIPTION

Check the activity that best describes your agency's focus:

Conservation Counseling Education Financial Legal Community Betterment
 Employment Assistance Environmental Quality Health and Hospitals Social Services
 Housing and Home Rehabilitation Public Works/Transportation Recreation, Parks and Forests
 Other _____

AGENCY PURPOSE

Briefly describe the purpose of your agency:

ASSIGNMENTS

List the possible community service assignment, location, and supervisor contact information for each potential assignment. Each assignment is to be tailored to the individual participant and based on the SCSEP Individual Employment Plan.

ASSIGNMENT TITLE	NAME OF SITE AND ADDRESS	SUPERVISOR NAME AND PHONE NO.

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 the agency do to help the participant obtain employment? _____

MAINTENANCE OF EFFORT

I verify that this training position constitutes a new 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.)*

Authorized Agency Representative's Name and Title *(Print or Type)* _____

Representative's Signature _____ Date _____