



American Indian Center of Arkansas

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Little Rock, Arkansas 72201

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www.AICAgO.org

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM Supervisor's In-Kind Wage Funding Statement

Participant Name

Host Agency / Training Partner

Host Agency / Training Partner Address:

Street/City,

State

Zip Code

Match/ cost sharing is additional non-Federal funds expended to support grant activities. We ask Host Agencies / Training Partners to assist with match or cost sharing of non-Federal cash and / or in-kind contributions in the form of products, space and / or services that are reasonable, allocable, and allowable to SCSEP. Supervisor's actual number of hours provided to supervise the trainee constitutes a service to SCSEP if the funds used to pay the supervisor are from non-Federal sources and are not supporting another Federally funded program. AICA and BIA 638 Grant Funds may be counted towards cost sharing or matching contributions. Cost sharing or matching contributions are not required for Host Agencies / Training Partners who receive all or a large portion of funding from Federal sources.

I certify that my hourly rate of pay is \$ _____ from the following funding sources(s),

Please indicate source of funds used to pay trainee's supervisor:

100% Federal Sources

100% Non-Federal Sources

Combination Federal and Non-Federal Sources (*Must equal to 100%)

* _____ % Federal

* _____ % State

* _____ % Tribal

* _____ % Other: _____

for the following period: _____ to _____.

*I further certify that the non-Federal funds that will be used as an in-kind match for IID/SCSEP are not used to match any other grant funds this organization receives.

Print Supervisor Name

Supervisor Signature (type name as signature)

Supervisory in-kind as a match of federal funds for SCSEP can only be counted if from non-federal sources except for IHS and BIA 638 grant funds which may be counted as a match.

AICA SCSEP Form

Revised: May 2020