



**Senior Community Service Employment Program**  
***Host Agency Agreement***

As part of the Senior Community Service Employment Program (SCSEP), operated under Title V of the Older Americans Act, this Agreement is voluntarily entered into by City of Newport, a governmental agency or a non-profit agency designated under Section 501(c)(3) of the Internal Revenue Code, (hereinafter referred to as the Host Agency), and Easterseals Oregon (hereinafter referred to as Easterseals).

The intent of this agreement is to provide useful community service assignments for low-income mature workers, in order to increase their skills and assist transition to regular employment.

**The host agency agrees:**

- To provide a safe and healthful training site, adequate orientation and additional training as needed, and to treat each participant as a valued partner in the host agency.
- To assist Easterseals in transitioning fully trained participants out the program; and to consider participants for regular employment on its staff when vacancies occur or when new positions are created.
- To abide by mutually agreed to participant training schedules, documented through properly prepared time sheets, activity reports and periodic performance evaluations: Participants are required to attend periodic meetings during regular training hours, and the host agency recognizes that participants will be unavailable for training during these times.
- To report any and all in-kind contributions accurately, documenting supervisors' rates of pay, time spent training and providing oversight of the participant, and any other and all other records and assistance necessary to prove Easterseals' compliance with SCSEP regulations. (See Host Agency In-kind Supervision Report and Host Agency Handbook)
- Sponsorship of a participant will not result in the partial or total displacement of a current employee; will not reduce regular assigned employee work hours, wages, or benefits; will not be used as a replacement for a position from which a person has been laid off; will not impair existing contracts or result in the substitution of Federal funds for other funds in connection with work that would otherwise be done. See Host Agency Handbook for more information on Maintenance of Effort violations.
- To assure that participants are not discriminated against based on age, race, color, religion, sex, national origin, disability, veteran status, political affiliation, or any other basis prohibited by law.
- To send a representative to a group meeting of host agency supervisors. Group meetings of host agency supervisors or designated representatives will be held annually to acquaint all concerned with the SCSEP goals and objectives.
- To not serve as a host agency for any other SCSEP project sponsor site while this agreement is in effect.
- To inform Easter Seals immediately if its' Section 501(c)(3) certification changes.
- To furnish any tools, equipment, supplies and safety training, equipment or preparation required to perform the participant's assignment.
- To comply with applicable provisions of the Americans with Disabilities Act.
- To maintain adequate insurance covering participants while acting under the host agency's supervision. This obligation includes the maintenance of comprehensive general liability insurance. Additionally, if participants have been authorized to drive as part of their assignments, the agency will insure that all documentation required is completed before participant is assigned to drive. This includes continuous liability coverage (\$100,000/\$300,000), agency insurance information, insurance declaration pages, official driving record of the participant, a copy of their valid driver's license and any other information necessary to minimize the agency's liability.

**Host Agency Agreement**

- To not hold Easter Seals liable for any damages incurred in the case of a driving accident involving an assigned participant.
- Assure that participants are not assigned to positions that involve political activities.
- To adhere to policies and responsibilities as detailed in the Easterseals SCSEP Host Agency Handbook.

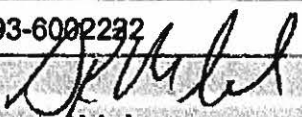
**Easterseals agrees:**

- To recruit, enroll, and assign a participant to the host agency for the purpose of engaging in productive community service training employment with duties and tasks as specified in a written description of a community service training assignment.
- To be responsible for all administrative and fiscal controls of the SCSEP and for paying training wages and providing applicable fringe benefits, including worker's compensation, to each participant as defined in the Easterseals SCSEP Participant Handbook.

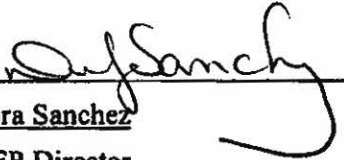
Easterseals reserves the right to reassign any participant whenever reassignment will increase opportunities for training or unsubsidized employment, will serve the best interests of the participant, or will better support the goals and objectives of the program. Host agency understands that they have no inherent right to a participant and that assignment of participants to that host agency depends upon the training needs and job goals of that participant. The host agency may terminate its participation as a host agency at any time for any reason upon notification to Easterseals. This agreement may be amended by written mutual agreement.

This Host Agency Agreement is in effect from - July 1, 2019 to June 30, 2020  
(Date) (Date)

**Supervisor's Signature**

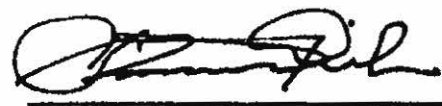
Host Agency: City of Newport  
 Address: 169 SW Coast Hwy  
 City: Newport State: OR Zip: 97365  
 County: Lincoln  
 FEIN: 93-6002232  
 Signature:   
 Name: Spencer Nebel  
 Title: City Manager  
 Date: 7-15-19

**Easterseals Oregon**  
**10011 SE Division Street, Suite 101**  
**Portland, OR 97266**

Signature:   
 Name: Debra Sanchez  
 Title: SCSEP Director  
 Date: 8-9-2019

**Definition of Host Agency Status**  
XX This host agency is a government agency.

**APPROVED AS TO FORM**





Easterseals Oregon
Senior Community Service Employment Program
Host Agency In-kind Supervision Report

Host Agency Name City of Newport

Address 169 SW Coast Hwy

City Newport State OR Zip 97365 County Lincoln

Phone 541-574-0603 Fax 541-574-0609

Table with 3 columns: 1. Supervisor Name, 2. Hourly Wage, 3. Source of Wages. Rows include Peggy O'Callaghan (\$30.24), Judy Mayhew (\$34.90), and empty rows.

Please indicate:

- 1. The name(s) of the person(s) designated as immediate supervisors...
2. The hourly wage for the supervisor...
3. The source of the funds used to pay the wages of the supervisor...

I hereby certify (1) that this report is true in all respects; (2) that all contributions have been reported in accordance with the Host Agency Agreement; (3) receipts, records, and accounts as required by the agreement and the U.S. Department of Labor rules and regulations are sufficient to document each contribution from non-federal sources...

Signature of Authorized Official (Handwritten: Barb James)

Typed Name (Handwritten: Barb James)

Date (Handwritten: 7-19-19)

Title (Handwritten: H.R. Director)

(Authorized Official should be an executive of the organization who can verify the wage information.)





Senior Community Service Employment Program
Host Agency Authorized Signature Form

City of Newport

It is a requirement of the Department of Labor that Easterseals Oregon has an authorized signature of all the host agency supervisors and alternates. Only supervisors whose signatures are on this form will be allowed to sign Participant Time Sheets. Use additional forms if necessary.

Note: A new Authorized Signature Form must be submitted along with a new Host Agency Supervision Report, immediately as supervisor changes occur. Participant time sheets without authorized signatures will not be processed.

Program Year: July 01, 2019 TO June 30, 2020
(year) (year)

Supervisor's Signature: [Handwritten Signature]

Supervisor's Typed or Printed Name: Peggy O'Callaghan

Supervisor's Signature: \_\_\_\_\_

Supervisor's Typed or Printed Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Supervisor's Typed or Printed Name: \_\_\_\_\_

Alternate Supervisor's Signature: [Handwritten Signature]

Alternate's Typed or Printed Name: Judy Mayhew

Alternate Supervisor's Signature: \_\_\_\_\_

Alternate's Typed or Printed Name: \_\_\_\_\_

Alternate Supervisor's Signature: \_\_\_\_\_

Alternate's Typed or Printed Name: \_\_\_\_\_