



AUTHORIZATION FOR  
AGREEMENTS, MOUs, OR  
OTHER DOCUMENTS OBLIGATING THE CITY

All contracts, agreements, grant agreements, memoranda of understanding, or any document obligating the city (with the exception of purchase orders), requires the completion of this form. The City Manager will sign these documents after all other required information and signatures are obtained.

Document: Easter Seals Date: 3-20-23

Statement of Purpose: Easter Seals Employment Program  
60+ Center - volunteers

Department Head Signature: Dan James

Remarks, if any: \_\_\_\_\_

Finance Department Signature (REQUIRED): \_\_\_\_\_ Date: \_\_\_\_\_

City Attorney Review and Signature (REQUIRED): See attached email Date: 3-1-23

Other Signatures as Requested by the City Attorney: \_\_\_\_\_

\_\_\_\_\_  
Name/Position  
Date: \_\_\_\_\_

Budget Confirmed: Signature Yes ☐ No ☐ N/A ☒

Certificate of Insurance Attached: Yes ☐ No ☐ N/A ☒

City Council Approval Needed: Yes ☐ No ☒ Date: \_\_\_\_\_

After all the above requested information is complete and signatures obtained, return this form, along with the original document to the City Manager for signature. No documents should be executed prior to the City Manager's approval as evidenced by signature of this document.

City Manager Signature: [Signature] Date: 3-21-23

Once all signatures and certificates of insurance have been obtained, return this document, along with the original, fully-executed agreement, MOU, or other document to the City Recorder. A copy of grant agreement and all project funding documents, must be forwarded to the Finance Department for tracking and audit purposes.

City Recorder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date posted on website: \_\_\_\_\_

## David Allen

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**From:** David Allen  
**Sent:** Wednesday, March 8, 2023 10:53 AM  
**To:** Sonia Graham; Barbara James; Michael Cavanaugh  
**Cc:** Barbara James  
**Subject:** Re: Host Agency Agreement  
**Attachments:** City of Newport-60+ Activity Center PY 2022.pdf

You can include this e-mail with the sign-off form to confirm review ... and go ahead and put the attached agreement in Spencer's review/to-sign folder. --David

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From: Sonia Graham  
Sent: Tuesday, March 7, 2023 5:00 PM  
To: David Allen  
Cc: Barbara James; Michael Cavanaugh  
Subject: RE: Host Agency Agreement

Attached is the agreement with Easter Seals with your requested change. Please go ahead and send to Spencer for signature if you approve. Thank you so much for your help.

Kindest regards,

Sonia Graham (she/her/hers)  
60+ Activity Center Supervisor  
City of Newport Parks & Recreation  
20 SE 2nd Street Newport, OR 97365  
Office: 541-574-5459  
Cell: 541-638-8736  
[www.newportoregon.gov/sc](http://www.newportoregon.gov/sc)

\* \* \* \* \*



**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-60+ Activity Ctr., 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 of 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: Volunteer or overtime hours are not permitted. 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 an agreement of 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 on behalf of either partisan or non-partisan groups.
- 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, 2022 to June 30, 2023  
(Date) (Date)

### Supervisor's Signature

Host Agency: City of Newport-60+ Activity Ctr.

Address: 169 SW Coast Hwy

City: Newport State: OR Zip: 97365

County: Lincoln

FEIN: [REDACTED]

Signature: [Signature]

Name: Spencer Nebel

Title: City Manager

Date: 03-21-23

Easterseals Oregon

10011 SE Division Street, Suite 101

Portland, OR 97266

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

Name: Michelle Bowers

Title: SCSEP Assistant Director

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

### Definition of Host Agency Status

☒ This host agency is a government agency.

☐ This host agency is a certified non-profit agency under Section 501(c)(3) of the U.S. Internal Revenue Code

☐ 501(c)(3) documentation is attached.

☐ 501(c)(3) documentation is on file with Easterseals



**Senior Community Service Employment Program**  
**Host Agency Authorized Signature Form**

**City of Newport-60+ Activity Ctr.**

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, 2022 TO June 30, 2023  
(year) (year)

Supervisor's Signature: Sonia Graham

Supervisor's Typed or Printed Name: Sonia Graham

Supervisor's Signature: Michael Cavanaugh

Supervisor's Typed or Printed Name: Michael Cavanaugh

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

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

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

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

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

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

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

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





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

Host Agency Name City of Newport-60+ Activity Ctr.

Address 169 SW Coast Hwy

City Newport State OR Zip 97365 County Lincoln

Phone 541-574-0603

Fax 541-574-0609

1. Supervisor Name & Title	2. Hourly Wage	3. Source of Wages	
Sonia Graham	\$ 34.08	Fed % 0	Non-Fed% 100%
Michael Cavanaugh	\$	Fed % 0	Non-Fed% 100%
	\$	Fed %	Non-Fed%
	\$	Fed %	Non-Fed%

Please indicate:

1. The name(s) of the person(s) designated as immediate supervisors for each Easterseals OR SCSEP participant assigned to your agency. If more than one supervisor, enter the name of the supervisor who provides the majority of the supervision and signs the time sheet.
2. The hourly wage for the supervisor. If a supervisor receives an annual salary, please calculate the hourly wage by dividing the salary by 2080 (based on a 40 hr work week); 1950 (based on a 37 1/2 hr work week); 1820 (based on a 35 hr work week), etc. If a participant has more than one immediate supervisor, only list the name of the person who provides the majority of the supervision.
3. The source of the funds used to pay the wages of the supervisor. For instance "Non-federal 100%", or "Federal 50% and Non-Federal 50%". If the wages are entirely federal, or entirely non-federal, indicate 100% in the appropriate space. Do not leave item 3) blank. If the supervisor's wages are paid from both federal and non-federal funds, please indicate the appropriate percentages. The individuals named below have the power and authority to supervise SCSEP participants.

*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 for which credit is claimed and are available for inspection; (4) the contributions are from non-federal sources with the exception of general revenue sharing funds; (5) these contributions from non-federal sources have not been claimed on any other federal program; (6) specific receipts, records and accounts will not be maintained when contributions come from federal sources.*

**Signature of Authorized Official**

**Spencer Nebel**

**Typed Name**

03-21-23

**Date**

**City Manager**

**Title**

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

## **Instructions**

As a part of Federal Regulation Easterseals Oregon is required to report all non-federal in-kind match that is contributed to the Senior Community Service Employment Program; this includes all in-kind match contributed by host agencies. The most significant portion of the in-kind contribution that host agencies contribute is the value of salaries of the host agency personnel who directly supervise the Easterseals SCSEP participants. Please talk to your Easterseals SCSEP contact to inquire if other contributions you make to SCSEP (i.e. uniforms for participants, other services provided, etc) qualify as in-kind contributions.

Because you are required to report all in-kind contributions to us, we require that you submit the above information, so that we will be able to calculate your agency's in-kind match throughout the year. This information is kept strictly confidential and will only be used for calculating the non-federal value of supervision time.

This report will document the hourly wage of each SCSEP participant's supervisor. The number of hours provided in one-on-one supervision each pay period will be documented on the Participant Time Sheets. Easterseals Oregon will then multiply each supervisor's wage rate by the number of hours spent supervising participants during each pay period to calculate the non-federal in-kind contribution.

A new Host Agency In-kind Supervision Report and Authorized Signature Form shall be completed by the host agency anytime there are supervisor changes within the grant year and forwarded to Easterseals Oregon

Please contact Easterseals Oregon SCSEP if you have any questions.



Senior Community Service Employment Program

**Host Agency Information Page**

Name of Host Agency City of Newport 60+ Activity Center

**General Host Agency Information**

5. Host agency mailing address

20 SE 2<sup>nd</sup> St.  
a. Number and street, suite number; or PO Box  
Newport  
b. City OR 97365  
c. State d. Zip code

6. FEIN 93 6002222

7. Host agency type

- ☐ a. Not-for profit  
☒ b. Government

7a. Date of host agency agreement \_\_\_\_\_

(matches date on most recent Host Agency Agreement)

7b. Date of host agency monitoring visit \_\_\_\_\_

(matches date on most recent Host Agency Monitoring Form)

8. Host agency site name and location \_\_\_\_\_

8a. Host agency job codes

- i. \_\_\_\_\_  
ii. \_\_\_\_\_  
iii. \_\_\_\_\_

8b. Host agency continued availability

- ☐ i. Available  
☐ ii. Not available

**Contact Information**

(Contact information for Customer Service Survey)

9. Name of contact person Sonia Graham

10. Contact person's mailing address

(if different from number 5)

Organization or address field 1

b. Number and street, suite number; or PO Box

c. City

d. State

e. Zip code

11. Contact person's title Supervisor

11a. Contact person's salutation

- ☐ Mr.  
☒ Ms.

12. Contact person's phone number

541-574-5459

12a. Contact person's fax number

12b. Contact person's email

Sonia.Graham@newportoregon.gov

**Supervisor Information**

Complete fields 12b-12h if supervisor is different from contact person (number 9).

12c. Name of supervisor

12d. Supervisor's mailing address

(if different from number 5)

a. Organization or address field 1

b. Number and street, suite number; or PO Box

c. City

d. State

e. Zip code

12e. Supervisor's title



## Host Agency Information Page

12f. Supervisor's salutation

- ☐ Mr.  
☐ Ms.

12g. Supervisor's phone number

\_\_\_\_\_

12h. Supervisor's fax number

\_\_\_\_\_

12i. Supervisor's email

\_\_\_\_\_

12h. Funding source of supervisor or contact person/supervisor

- ☐ federal  
☐ non-federal

Hourly rate \_\_\_\_\_

Average hours/wk \_\_\_\_\_



**Easterseals Oregon**  
**Senior Community Service Employment Program**  
**Host Agency Supervisor's Responsibilities**

Host Agency \_\_\_\_\_

Highlighted below are some of the areas that require the constant attention of the training supervisors who are responsible for participants.

<b><u>Absence</u></b>	If a participant is absent due to illness for an extended period of time (i.e. hospital stay), please notify Easterseals Oregon ASAP.
<b><u>Accident</u></b>	If a participant is hurt on the job, please notify Easterseals Oregon. Please follow the instructions in the Workers' Compensation Instructions.
<b><u>Evaluations</u></b>	Periodically the host agency Supervisor will be required to evaluate the performance of the participant(s) assigned to their site. These should be completed in a timely fashion and returned to Easterseals Oregon. At the end of each participant's Community Service Assignment, an exit evaluation will be required and promptly returned to your Easter Seals Oregon.
<b><u>Employment Interviews</u></b>	One of the main goals of this program is to aid the participant(s) in finding unsubsidized employment. This may require that interviews be scheduled during hours that the participant is scheduled to work at your site. The participant will be excused from the work site and will be paid for this time.
<b><u>Assignment Description</u></b>	The participant should be assigned only those duties that are part of the Community Service Assignment, which the host agency representative completed for the position. If new training or new duties are added, a new Community Service Assignment must be completed, and approved by Easterseals Oregon, prior to the change of assignment.
<b><u>Maintenance of Effort</u></b>	A participant will neither displace nor replace any paid employee. Easterseals Oregon, must be notified if your site is in the process of laying off any employees. At that time an evaluation will determine if the participant may continue to train at your site.
<b><u>Mandatory Quarterly Meetings</u></b>	Quarterly meetings are scheduled for all participants. It is mandatory for all participants to attend these meetings. Supervisors are expected to support the participant's attendance at these meetings. A participant's failure to attend may result in loss of wages and/or termination from the program.
<b><u>Time Sheets</u></b>	It is the responsibility of the host agency supervisor to verify that Time Sheets are filled out correctly and that the hours worked reflect the actual time that the participant was on the assignment. Time Sheets may only be signed by supervisors who have signed the Host Agency Authorized Signature Form.
<b><u>Volunteer</u></b>	Participants may not volunteer to perform their usual training assignment duties. They may volunteer for the host agency, but not for the duties that are a part of their training assignment description. Permitting participants to volunteer may jeopardize host agency status.

*I certify that a SCSEP staff member reviewed this information with me, answered my questions, and provided me with a copy of this document.*

\_\_\_\_\_  
Signature of host agency supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of SCSEP staff member

\_\_\_\_\_  
Date