



The National Caucus and Center on Black Aged, Inc
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
LETTER OF COMMITMENT

Canton _____ / MS _____ 06/29/2016
 City State Date

We, the undersigned, Madison County Board of Supervisors, this date agrees to accept
 (Name of Host Agency)

Participants for training from 07/01/2016 to 06/30/2017 of the NCBA/SCSEP
 grant period.
 (# Of People)

This activity will not displace or replace any other paid employee, nor will we discriminate with regard to race, color, national origin, religion or creed. In addition, Host Agency agrees to observe and implement the provisions embodied in the NCBA/SCSEP Host Agency Handbook, and as requested by NCBA/SCSEP Staff.

Madison County Board of Supervisors agrees to observe and/or furnish NCBA/SCSEP with the following:
 (Name of Host Agency)

1. Daily training schedule which will reflect the current task the participant is performing in his/her day-to-day assignment.
2. A quarterly In-Kind Report. Indicating dollar value of non-federal in-kind contributions (Supervision, office or other space, supplies, etc.) All in-kind contributions must be verifiable through Host Agency's records, and adhere to all the stipulations cited in paragraph 89.76c. Matching Share attached to In-Kind form.
3. Timesheets for each Participant.
4. Periodic activity reports and Participant Evaluations, as requested.
5. On-the-job training and adequate supervision for Participants.
6. Allow the Participant to make up lost time for a holiday as long as it is within the same pay period.
7. Provided vacancies announcement of Host Agency job openings as they occur, and assist in placing NCBA participant(s) into unsubsidized employment whenever and wherever an appropriate job vacancy may occur.
8. Adhere to safety practices.
9. Adhere to NCBA Affirmative Action Policy Appendix on Host Agency Handbook.
10. I acknowledge that NCBA/SCSEP staffs have provided adequate orientation for our agency regarding Title V program operations and goals.
11. Proof of General Liability Insurance coverage for all Participants assigned to this Host Agency.

NCBA/SCSEP recognizes Host Agency's right to refuse a Participant(s) training if it does not fit in with the Host Agency's day-to-day operation. However, if this should occur, kindly notify the Program Coordinator, Job Developer or Area Leader of your concern and a reassignment will be made.

Trey Baxter
 (Type or Print Authorized Person's Name)

Loretta D. Phillips
 (Type or Print On-Site Supervisor's Name)

(Authorized Person's Signature)

Date

(Signature of On-Site Supervisor)

Date



THE NATIONAL CAUCUS AND CENTER ON BLACK AGING, INC.
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
HOST AGENCY APPLICATION AND WORKER REQUEST FORM

Canton / MS 6/29/2016
(CITY) (STATE) APPLICATION DATE

A. Madison County Board of Supervisors (601) 855-5509
Name of Applicant (Agency) Telephone Number

125 West North Street (601) 855-5510
Mailing Address: Fax Number

Canton Madison MS 39046
City County State Zip Code

B. Trey Baxter Board President
Print Name of Authorized Representative Title

C. Indicate if applicant is: (Check One)
1. City Government 2. County Government X 3. State Government Agency
4. Non Profit 5. Other (Specify)

D. Insert your IRS Tax Number under 501(C) (3)

E. Applicant (Agency) Job Codes (please select three codes from below)
Job code 1: Job code 2: Job code 3:

- 1. Art, Design, Entertainment, Sport and Media
2. Business and Financial
3. Community and Social Services
4. Computer and Mathematical
5. Construction, Installation, and Repair
6. Education, Training, and Library
7. Farming, Fishing, and Forestry
8. Food Preparation and Service
9. Healthcare
10. Legal
11. Maintenance and Custodial
12. Management
13. Office and Administrative Support
14. Personal Care and Service
15. Production, Assembly, Light Industrial
16. Protective Service
17. Retail, Sales, and Related
18. Self-Employment
19. Transportation and Material Moving

F. Indicate the address of the actual worksite if different from the address of the proposed host agency listed above. (If your agency has more than one site you can add them in the next page)

Same as above
Phone Number
City County State Zip Code Fax Number

G. Name of Supervisor at Worksite:

H. Please specify, by the weekday the number of hours per day the participant(s) will train.
(Reminder: the training week is 20 hours per Participant)
SUN MON 5 TUE 5 WED 5 THUR 5 FRI SAT

I. Indicate how long you anticipate the project will last:

J. Indicate how good the chances are that your agency will be able to hire the participant(s).

Excellent Good Poor

K. Signature of Authorized Representative:

L. E-Mail Addresses: Trey.baxter@madison-co.com / Loretta.phillips@madison-co.com
Authorized Representative e-mail On-Site Supervisor e-mail