



**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)**  
**SUPERVISOR'S VOLUNTARY IN-KIND WAGE FUNDING STATEMENT**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
VOCATIONAL REHABILITATION  
SFN 219 (7-2024)

Completion of this form represents a VOLUNTARY in-kind contribution to support the SCSEP.  
Supervisory in-kind to match Federal Funds for SCSEP can only be counted if from non-Federal sources.

Supervisor's Name		Organization	
Address	City	State	ZIP Code
Participant Name			
FEIN Number (Documentation of the Federal Employer Identification Number tax-exempt status is a SCSEP program requirement. )			

I certify that my salary/wage is from the following funding source(s).

	Source
<input type="checkbox"/> 100% Federal Funds	
<input type="checkbox"/> 100% Non-Federal Funds	
<input type="checkbox"/> Combination Federal and Non-Federal:	
Percentage	Source
%	Federal
%	State
%	Other
%	Other
%	Other
100%	

Supervisor's Hourly Wage Rate	Average Number of Hours Spent Supervising Per Week
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I permit SCSEP to apply this wage information for the above-named participant under my supervision during the grant period as recorded on individual participant training plans. Also, I certify that the non-federal funds to be recorded as in-kind match for SCSEP are not used to match any other federal grant funds.

Supervisor Signature	Date
SCSEP Signature	Date