

# INSTRUCTIONS FOR COMPLETING THE SCSEP IN-KIND FORM

## **Part I. Space Contributed**

- Description of Space Donated:** Please check the type of donated space for the SCSEP worker. If filling in "Other", please specify the type of space.
- A. Total Area Used by SCSEP Worker:** In square footage, please use a conservative figure of 50 -75 sq. ft. per worker; and multiply by the total number of SCSEP workers.
- B. Cost per Square Foot:** Please use a conservative figure between \$.50 - \$1.00 per square foot, OR the actual rental cost per square foot.
- C. Total Value of the Space Contributed:** Total area ("A") multiplied by cost per sq. ft. ("B").

## **Part II. Supervisor's Time Contributed**

*(Top-Half "Boxed Section"):*

SCSEP Workers Name  
Supervisor's Name

SCSEP worker(s) name(s)  
Site Supervisor's name

Hours Contributed by Site Supervisor

Hours of supervision per SCSEP worker per wk. "Reasonable" hours of supervision would be three (3) to five (5) hours per worker per week; additional justified hours may be used, however.

*(Bottom-Half):*

**A. Total Hours Contributed**

Add all the supervised hours for all the SCSEP Workers in the boxed area above for one week only.

**B. Total Hours Contributed x 4**

Take the total contributed hours ("A") and multiply it by four (4) to get the month's total.

**C. Supervisor's Rate of Pay**

Supervisor's hourly rate of pay.

**D. Total Value Contributed**

Use the Total Monthly Hours Contributed ("B") multiplied by the Supervisor's Rate of Pay ("C").

## **Part III. Funding**

**Federal/State/Others:**

List the percentage of Funding received by your Agency to administer the program.

**HONOLULU COMMUNITY ACTION PROGRAM, INC.  
SCSEP IN-KIND CONTRIBUTION REPORT**

\_\_\_\_\_  
(Month)

\_\_\_\_\_  
(Year)

To properly complete this document, please follow the instructions on the back of this form.

<b>Agency Name:</b>	
<b>Agency Address:</b>	
<b>Work-Site Supervisor:</b>	<b>Telephone:</b>
<b>Program Name/Location:</b>	

**I. Space Contributed: - Use 50-75 sq. ft. per worker**

Check the donated space for SCSEP Worker's use:      Office      Work Station      Other     

- A. Total area used by SCSEP worker (sq. ft.)..... \_\_\_\_\_
- B. Cost per square foot (see back of this form.)..... \_\_\_\_\_
- C. Total space value contributed (A x B)..... \_\_\_\_\_

**II. Supervisory/Training Time Contributed - Use 3-5 hours per week per worker:**

SCSEP Worker(s) Name	Site Supervisor's Name	Hrs. Supervised/week

- A. Total Hours Contributed (per week)..... \_\_\_\_\_
- B. Total Weekly Hours Contributed x 4 weeks..... \_\_\_\_\_
- C. Site Supervisor's Rate per hour..... \_\_\_\_\_
- D. Total Value Contributed (B x C)..... \_\_\_\_\_

**III. Funding – Please check the percentage of funding as follows:**

\_\_\_\_\_ %Federal      \_\_\_\_\_ %State      \_\_\_\_\_ %City & County      \_\_\_\_\_ %Other

**IV. SCSEP Employee Certification (Only one employee is required to sign below)**

I certify on behalf of the SCSEP employee(s) named above that the space and supervisory training services were contributed by this Agency.

\_\_\_\_\_  
SCSEP Worker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCSEP Worker Printed Name

\_\_\_\_\_  
Position/Title

**V. Agency Certification**

I certify that the above space and supervisory training services contributed were provided to the Honolulu Community Action Program, Inc. during the month noted and such claims can be justified and/or verified. This document will remain on file for future audits (3 years maximum).

\_\_\_\_\_  
Site Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisor Printed Name

\_\_\_\_\_  
Position/Title