HONOLULU COMMUNITY ACTION PROGRAM, INC.
Ho‘omau Ka ‘Ike Nānā Ke Kūpuna Employment Program
IN-KIND CONTRIBUTION REPORT

Month/Year: ____________________

Please follow instructions on the back to properly fill out this form.

Agency Name: ____________________
Agency Address: ____________________
Work-site Supervisor: ______________ Telephone: ____________________
Program Name/Location ____________________

I. Space Contributed - Use 50-75 sq. ft. per worker.
Check the donated space for Ho‘omau Ka ‘Ike Nānā Ke Kūpuna Employment Program
Worker’s use: __ Office __ Work Station __ Other ____________________
A. Total area used by Ho‘omau 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:

<table>
<thead>
<tr>
<th>Worker(s) Name</th>
<th>Supervisor’s Name</th>
<th>Hrs. Supervised/week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A. Total Hours Contributed (per week)____________________________
B. (Total Weekly Hours Contributed x 4 weeks)______________________
C. Supervisor’s Rate Per Hour_______________________________
D. Total Value Contributed (B x C)____________________________

III. Funding — Please check percentage of funding as follows:

%Federal %State %City & County %Other

IV. Ho‘omau Ka ‘Ike Nānā Ke Kūpuna Employment Program Employee Certification
(Only one employee should sign below)
I certify on behalf of the Ho‘omau Ka ‘Ike Nānā Ke Kūpuna Employment Program employee(s) named above that the space and supervisory training services were contributed by the Agency.

Ho‘omau Ka ‘Ike Nānā Ke Kūpuna
Employment Program Worker Signature ____________________ Date ____________________

Ho‘omau Ka ‘Ike Nānā Ke Kūpuna
Employment Program Worker Print Name ____________________ Position ____________________

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).

Agency Supervisor Signature ____________________ Date ____________________
Agency Supervisor Print Name ____________________ Position/Title ____________________
INSTRUCTIONS FOR COMPLETION

Part I. Space Contributed

A. Description of Space Donated: Self-explanatory. For "Other Specify type of space.

B. Total Area Used by Worker: In square feet, allocate 50-75 sq. ft. per worker; multiply by total number of Ho`omau Ka `Ike Nānā Ke Kūpuna Employment Program workers.

C. Cost Per Square Foot: Use conservative figure of $0.50 - $1.00 per sq. ft. OR actual rental cost per sq. ft./fair market value of property.

D. Total Space Value/Cost Contributed: Total area multiplied by cost per sq. ft. (A x b).

Part II. Supervisor's Time Contributed

(Top-Half):

Ho`omau Ka `Ike Nānā Ke Kūpuna Employment Program
Workers Name
Supervisor's Name

Self-explanatory.
Self-explanatory.

Hours Contributed by Supervisor

Hours of supervision per Ho`omau Ka `Ike Nānā Ke Kūpuna Employment Program workers per week. "Reasonable" hours of supervision would be three (3) to five (5) hours per worker per week; however, additional justified hours may be used.

(Bottom-Half):

A. Total Hours Contributed

The sum of supervised hours for all Ho`omau Ka `Ike Nānā Ke Kūpuna Employment Program workers for one week only.

B. Total Hours Contributed X4

Take total supervised hours for one week only and multiply it by four (4) to get the month total.

C. Supervisor's Rate of Pay

Supervisor's hourly rate of pay.

D. Total Value Contributed

Total Hours Contributed multiplied by Supervisor's Rate of Pay (B x C).

Part III. Funding

Federal/State/Others:

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

Revised 01/2020