

## SCSEP SAMPLE REPORTING FORMS

This project will be utilizing the Internet based SCSEP Data Collection System (DCS) to generate the SCSEP Quarterly Progress Report for program reporting. The system has been developed by contractors of the U.S. Department of Labor. Sample forms and instructions may be found via the Charter Oak Group, Inc. website at <http://charteroakgroup.com/resources/scsep.shtml>. This site includes the various data collection forms presently utilized for the program as well as the SPARQ Quarterly Progress Report form, ETA 5140. A copy of the information found at this website is attached. These forms are subject to revisions as the system is updated.

Fiscal Reporting forms include the Subrecipient's Request for Advance or Reimbursement, SCSEP Expenditure Report, SCSEP Program Income and Non-SCSEP Funds Expenditure Register, and Inventory Listing. Sample forms and instructions are attached. In addition, the SCSEP Closeout Procedures are included for information. The report forms and instructions for closeout will be issued when required.



# The Charter Oak Group LLC

Interactive Decision Consulting

Home About Resources Services **SCSEP** Results-Based Accountability

## Senior Community Service Employment Program

This Senior Community Service Employment Program (SCSEP) web page is sponsored by The Charter Oak Group, LLC. From here, you can access the latest information on the SCSEP data collection system, the data collection forms, and related issues.

### SCSEP Forum

The link below will take you to COG's forum site, which includes two forums related to the SCSEP data collection system. The first is an *Ask the Experts* forum, where you can post questions and COG, in consultation with the USDOL Division of Older Worker Programs (DOWP), will respond. The second is a moderated *General Discussion* forum which allows participants to discuss topics related to SCSEP data collection. While COG will monitor this forum as a way of identifying technical assistance needs, COG is not responsible for any information conveyed in the *General Discussion* forum. Some topics discussed in the *General Forum* may be used as the basis for *Ask the Experts* questions and responses.

### Other Resources

[Standardized Grantee Names and](#)

### Codes **Training Materials**

[Assessments](#)

[IEPs](#)

Using the QPR and Other Performance Tools to Diagnose Performance

- [Part I: Entered Employment, Retention, and Average Earnings](#) (Powerpoint ppt file)
- [Part II: Service Level, Community Service, and Most in Need](#) (Powerpoint ppt file)

### Employee Survey Kit 08/04/04 (all files are PDF unless otherwise noted).

- [Sample SCSEP Survey](#)
- [Checklist for Administration of Employer Survey](#)
- [Alerting Employers to First Survey](#)
- [Letter to Unsubsidized Employers for First Survey](#)
- [Talking Points for Informing Employers of Second Survey](#)

### Data Collection Forms Effective March 2009

[Participant Form 03/20/09](#)

[Community Service Assignment Form 02/13/09](#)

[Exit Form 02/13/09](#)

[Unsubsidized Employment Form 03/20/09](#)

### SCSEP Data Collection Handbook

You can download and print the complete Handbook by clicking on the link below. The Handbook is designed to be printed in landscape format, back-to-back, bound on the top, exactly as it appears. The first page of text for each Guide will be on the top when the Handbook is opened.

[Complete Handbook  
Rev. 6 \(4/19/10\)](#)

The Handbook files and forms require Adobe Acrobat Reader. If you have difficulty viewing these documents you can download a free copy from **Asigia**.

### Quarterly Progress Report

[SPARQ Quarterly Progress Report, ETA-5140 \(5/19/10\)](#)

[QPR Handbook Rev.5 \(5/19/10\)](#)

**For technical assistance regarding the SCSEP Data Collection System, contact COG at:**

[olderworker@charteroakgroup.org](mailto:olderworker@charteroakgroup.org)

COG will respond within 24 hours. Some e-mail questions and responses will be posted (no authorship indicated) on the *Ask the Experts forum*.

Sample Reporting Forms

The Charter Oak Group LLC Interactive Decision Consulting

- [Follow-up Letter to Employers for Second Survey](#)
- [Tracking form \(Excel File\)](#)

### Links to Other Organizations

[Division of Older Worker Programs](#)

[Easter Seals](#)

[Mathematica Policy Research](#)

[National Able Network, Inc.](#)

[National Indian Council on Aging](#)

[Senior Service America, Inc.](#)

---

**Search**

[Home](#) | [AI\\_Iout](#) | [Resources](#) | [Services](#) | [SCSEP](#) | [Results-Based Accountability](#)

© Copyright 2001 - 2009 Charter Oak Group, LLC  
SCSEP FORUM CODE: xyz7m98ssfw

**Sample Reporting Forms**

**SUBRECIPIENT'S REQUEST FOR ADVANCE OR REIMBURSEMENT**

Invoice No. \_\_\_\_\_

<p>(1) Subrecipient's Name (Agent or Organization)</p>	<p>(2) Address (No. &amp; Street, City, State, ZIP)</p>						
<p>(3) Operational Plan No./Agreement No.</p>	<p>(5) Funds Requested for:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">a) Initial Advance <input style="width:40px; height:20px;" type="text"/></td> <td style="width:50%; border: none;">c) Reimbursement <input style="width:40px; height:20px;" type="text"/></td> </tr> <tr> <td style="border: none;">b) Periodic Advance <input style="width:40px; height:20px;" type="text"/></td> <td style="border: none;">d) Final Invoice <input style="width:40px; height:20px;" type="text"/></td> </tr> </table>			a) Initial Advance <input style="width:40px; height:20px;" type="text"/>	c) Reimbursement <input style="width:40px; height:20px;" type="text"/>	b) Periodic Advance <input style="width:40px; height:20px;" type="text"/>	d) Final Invoice <input style="width:40px; height:20px;" type="text"/>
a) Initial Advance <input style="width:40px; height:20px;" type="text"/>	c) Reimbursement <input style="width:40px; height:20px;" type="text"/>						
b) Periodic Advance <input style="width:40px; height:20px;" type="text"/>	d) Final Invoice <input style="width:40px; height:20px;" type="text"/>						
<p>(4) Funds Requested for (Specify Program)</p>							
<p>(6) Operational Plan/Agreement Period From: _____ To: _____</p>	<p>(7) Report Period From: _____ To: _____</p>						
<p>(8) Cash Transaction Data</p>	<p>Other Funds (Cash Basis)</p>	<p>Federal Funds (Cash Basis)</p>	<p>Official Use Only</p>				
<p>a) Total Cash Received to Date From: _____ To: _____</p>			+				
<p>b) Total Disbursement to Date From: _____ To: _____</p>			-				
<p>c) Cash on Hand/Deposit</p>			=				
<p>d) Cash Requested &amp; Not Received to Date</p>			+				
<p>e) Interest Income/Payable to State (Deduct)</p>			-				
<p>f) Cash on Hand/Deposit &amp; Cash Requested But Not Received to Date</p>			=				
<p>g) Estimated Disbursements From: _____ To: _____</p>			-				
<p>h) Amount of Cash Requested</p>			(+) Pay (-) Due State				
<p>(9) Expenditure Data - Total Expenditures to Date from Expenditure Register</p>	<p>Other Funds Accrued Expenditures</p>	<p>Federal Funds Accrued Expenditures</p>					
<p>(10) Subrecipient's Certification - I certify that the costs incurred are taken from the books of account and that such costs are valid and consistent with the terms of the plan or agreement.</p>							
<p>Authorized Subrecipient's Signature and Title</p>			<p>Date Signed</p>				
<p>State Administration Use Only</p>							
<p>I certify satisfactory receipt of goods/services listed on this request. Approved for Payment.</p>							
<p>Appropriation No.</p>							
<p>Amount to be Paid</p>							
<p>Signature</p>			<p>Date</p>				

DLIR WORKFORCE DEVELOPMENT DIVISION  
OLDER AMERICANS ACT (OAA)  
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)  
SUBRECIPIENT'S REQUEST FOR ADVANCE OR REIMBURSEMENT

Purpose

This form will be used to request advance or reimbursement payments from the State. A signed original should be submitted.

II. Facsimile of Form

Refer to the attached blank form.

III. General Instruction

Prepare a separate form for each operating entity plan or agreement. Another form or format may be substituted if the same information is displayed. When available, submit a completed expenditure register when submitting a request for reimbursement.

IV. Frequency and Report Due Date

This report will be submitted monthly beginning with the first month immediately following the effective date of the operational plan or after the initial advance payment is received. The reimbursement request should be submitted no later than thirty (30) calendar days after the end of each month to:

Department of Labor and Industrial Relations  
Administrative Services Office / WIA Unit  
830 Punchbowl Street, Room 309  
Honolulu, Hawaii 96813

SUBRECIPIENT'S REQUEST FOR ADVANCE OR REIMBURSEMENT  
INSTRUCTION FOR COMPLETING THE FORM

1. Subrecipient's Name
2. Subrecipient's Address
3. Indicate the number assigned to the Operational Plan or agreement that is applicable to the request for advance or reimbursement.
4. Specify what program the fund is being requested for (i.e. SCSEP).
5. Indicate whether this is an initial advance, periodic advance, reimbursement, or final invoice. Check final invoice only if the grant is closed and expenditures equal disbursement.
6. Operational Plan or agreement period as stated in the approved plan or agreement.
7. Period that this request for advance or reimbursement covers; inception of grant period to present.
8. Cash Transaction Data
  - a. Total cash received to date.
  - b. Total disbursements from inception of grant period to present.
  - c. Cash on Hand / Deposit (8a minus 8b).
  - d. Cash requested and to date not received.
  - e. Interest income earned.
  - f. Cash on Hand/Deposit & Cash Requested But Not Received to Date (8c plus 8d minus 8e).
  - g. Estimated disbursements for the advance period, stating the period for the advance.
  - h. Amount of cash requested (8f minus 8g).
9. Total accrued expenditures from the program's expenditures register (i.e. SCSEP Expenditure Report).
10. Subrecipient's certification and authorized signature and date.

SCSEP Expenditure Register

I. IDENTIFYING INFORMATION		C. AGREEMENT/PLAN NO.		E. ANNUAL PLAN PERIOD		F. REPORT PERIOD		G. PAGE NO.	
A. NAME		D. MOD. NO.		From: _____ To: _____		From: _____ To: _____		Page <input type="text" value="1"/> of <input type="text" value="1"/> Pages	
B. PROGRAM OR ACTIVITY SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM									
II. ACCRUED EXPENDITURES									
A. Object of Expenditures	B. Planned Budget	C. Total Accrued Expenditures	D. Variance - % of Planned Budget	E. Expenditures by Cost Categories			E.3. Other		
			#DIV/0!	E.1. Admin	E.2. SWFB				
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
F. Total SCSEP Accrued Expenditures		0.00	0.00	#DIV/0!	0.00	0.00	0.00	0.00	0.00
G. Unliquidated Obligations									
H. Total Federal Obligations									
I. Total Unobligated Balance									

CERTIFICATION: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unpaid obligations are for the purposes set forth in the agreement.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DLIR WORKFORCE DEVELOPMENT DIVISION  
OLDER AMERICANS ACT (OAA)  
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)  
EXPENDITURE REGISTER

I. Purpose

The SCSEP Expenditure Register itemizes accrued federal expenses for personal and non-personal costs for the report period. The total expenditures are also totaled by the three primary SCSEP cost categories — Administration, Enrollee Wages and Fringe Benefits, and Other costs.

II. Facsimile of Form

Refer to the attached blank form.

III. General Instructions

Prepare a separate form for each subrecipient's annual plan or grant agreement. A supplemental worksheet may be included to summarize information used to complete this form. Where possible, round off all entries to the nearest dollar. The reported expenditures shall be cumulative from the start of the plan period to the end of the reporting period.

Program Income and Non-SCSEP expenditures are reported separately on the Program Income and Non-SCSEP Funds form as instructed in Appendix A of this manual.

IV. Frequency and Report Due Date

This report shall be submitted monthly beginning with the effective date of the annual plan or grant agreement. The report is due no later than thirty (30) calendar days after the end of each month to:

Department of Labor and Industrial Relations  
Administrative Services Office / WIA Unit  
830 Punchbowl Street, Room 309  
Honolulu, Hawaii 96813

## SCSEP EXPENDITURE REGISTER

## INSTRUCTIONS FOR COMPLETING THE EXPENDITURE REGISTER REPORT FORM

General Instructions — SCSEP subrecipients will follow SCSEP allowable activities, cost limitations, and audit requirements, and shall not lose their appropriation year identity, and will report the expenditures separately on the SCSEP Expenditure Register in accordance with these instructions.

To implement this reporting requirement, complete a separate Expenditure Register for each operational plan or agreement.

## I. Identifying Information

## A. Subrecipient Name

Enter the subrecipient's name.

## B. Program or Activity

Specify the "Senior Community Service Employment Program" name as shown in the annual plan or grant agreement.

## C. Annual Plan No.

Enter the annual plan or agreement number assigned by the State Department of Labor and Industrial Relations. If unknown, leave blank. This number will not change for the duration of the grant.

## D. Mod. No.

Enter the modification number of the annual plan or grant agreement, if applicable.

## E. Annual Plan Period

Enter the month, day, and year of the start and end dates of the annual plan or grant agreement period.

## F. Report Period

Enter the month, day, and year of the start and end dates of the report period for which this report is being submitted.

## G. Page Number

Enter each page number and the total number of expenditure register pages (i.e. page 1 of 2, etc). Submit as many pages as necessary and have the last page signed by an authorized signatory.

## II. Accrued Expenditures

## A. Object of Expenditures (Column A, Lines 1 to 17)

List expense account titles, names or objects. (i.e. personal cost, equipment, and other current expenditures) as listed in the Budget Request Summary of the approved operating budget (original budget or the latest approved modification). An additional worksheet should be submitted if the form is unable to accommodate all cost items.

## B. Planned Budget (Column B)

Enter the total SCSEP expenditures to be spent during the annual plan period for each corresponding Object of Expenditure cost category.

## C. Total Accrued Expenditures (Column C)

Enter the total SCSEP expenditures accrued to date for the reporting period for each corresponding Object of Expenditure cost category. The accrued expenditures are cumulative from the program start date and should be reported to the nearest dollar, except for the final report, which should be reported in exact amounts (dollars and cents). Accrued expenses are the actual disbursements (payments other than advances) plus invoices on hand and other projected payments for goods and services received (for which invoices have not been received), and salaries and related benefits (earned but not paid) for the days between the beginning and the end of the reporting period.

## D. Variance — Percentage of Planned Budget versus Expenditures (Column D)

For each cost category divide the Total Accrued Expenditures (Column C) by the corresponding budget amount in Column B and enter the resulting variance percentage in Column D. Apply the same calculation to Line F, Total SCSEP Accrued Expenditures. The variance will assist in determining whether the program's expenditures are in compliance with any imposed variance restrictions.

## E. Expenditures by Cost Categories (Column E)

Extend the sum of each accrued expense (Column C) to the respective cost categories below.

## 1. Administration (Column E 1)

Enter the actual accrued expenditures for the plan period to date, for administration costs as defined in Sections 641.856 of the SCSEP Final Rule (administrative regulations).

2. EWFB and Other Program Costs (Columns E2 and E3)

Enter the actual accrued expenditures for the plan period to date for program activity costs, as defined in Sec. 641.864 of the SCSEP Final Rule (program regulations).

F. Total SCSEP Accrued Expenditures/Obligations (Lines F - I)

1. Total SCSEP Accrued Expenditures (Line F)

Enter the total expenditures for Columns B (Planned Budget), C (Total Accrued Expenditures), E1 (Administration Expenditures), E2 and E3 (Program Expenditures) on line F. Enter the Percentage of Variance to Budget (Column D).

2. Unliquidated Obligations (Line G)

Enter the total unliquidated obligations of SCSEP funds in Column C on line G. Unliquidated obligations are the total amount of obligations incurred by the subrecipient for which an outlay or expenditure has not been recorded.

3. Total Federal Obligations (Line H)

Enter the total federal obligations in Column C on line H. The total federal obligation is a legal commitment of federal funds. Line H is the sum of lines F and G.

4. Total Unobligated Balance (Line I)

The total unobligated balance is the portion of funds to which there is no legal commitment by the subrecipient. The Total Unobligated Balance (line I) is the difference between the Total Budget (Column B, line F) and the Total Federal Obligations (Column C, line H).

G. Certification

Name, title, and signature of an authorized official of the subrecipient organization certifying the accuracy of the expenditure report will be entered here and dated.

SCSEP PROGRAM INCOME AND NON-SCSEP FUNDS EXPENDITURE REGISTER

I. IDENTIFYING INFORMATION		C. ANNUAL PLAN NO.		E. ANNUAL PLAN PERIOD		F. REPORT PERIOD	
A. NAME	B. PROGRAM OR ACTIVITY	D. MOD. NO.	From	To	From	To	PAGE of
II. ACCRUED EXPENDITURES							
A. OBJECT OF EXPENDITURES		B. PROGRAM INCOME ACCRUED EXPENDITURE	C. NON-SCSEP FEDERAL ACCRUED EXPENDITURE	D. NON-FEDERAL ACCRUED EXPENDITURE	E. TOTAL NON-SCSEP ACCRUED EXPENDITURE		
1.							0
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
F. Total Accrued Expenditures		0	0	0	0		
G. Prior Year Carry-over Balance		0	0	0	0		
H. Total YTD Receipts		0	0	0	0		
I. Total Funds Realized (Line C+H)		0	0	0	0		
J. Undisbursed Fund Bal (Line I-F)							
CERTIFICATION: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unpaid obligations are for the purposes set forth in the statement.							
NAME				TITLE		DATE	
SIGNATURE				SIGNATURE		DATE	

DLIR WORKFORCE DEVELOPMENT DIVISION  
OLDER AMERICANS ACT (OAA)  
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)  
PROGRAM INCOME AND NON-SCSEP FUNDS EXPENDITURE REGISTER

I. Purpose

The Expenditure Register itemizes accrued program income and non-SCSEP (matching) fund expenditures. The personal and non-personal expenditures are listed by allowable SCSEP cost categories for the report period.

II. Facsimile of Form

Refer to the attached blank form.

III. General Instructions

Prepare a separate form for each subrecipient's annual plan or grant agreement that earned the program income and/or incurred non-SCSEP expenses for the benefit of that specific SCSEP program. A supplemental worksheet may be included to summarize information used to complete this form. Where possible, round off all entries to the nearest dollar. This report will be cumulative from the start of the plan period to the end of the report period.

IV. Frequency and Report Due Date

This report shall be submitted when a benefiting SCSEP program incurred reportable program income or has received and expended non-SCSEP funds for the benefit of a SCSEP program. The report is due no later than thirty (30) calendar days after the end of each month to:

Department of Labor and Industrial Relations  
Administrative Services Office / WIA Unit  
830 Punchbowl Street, Room 309  
Honolulu, Hawaii 96813

SCSEP PROGRAM INCOME AND NON-SCSEP FUNDS EXPENDITURE REGISTER  
INSTRUCTIONS FOR COMPLETING THE EXPENDITURE REGISTER REPORT FORM

General Instructions — The reporting of the receipt and disbursement of program income and non-SCSEP funds shall be subject to the SCSEP regulations on allowable activities, cost limitations, and audit requirements.

To implement this reporting requirement, complete a separate Program Income and Non-SCSEP Funds Expenditure Register as an attachment to the corresponding SCSEP Expenditure Register to be submitted monthly.

The following instructions will be applicable for the completion of all Expenditure Register reports:

I. Identifying Information

A. Name

Enter the subrecipient's name.

B. Program or Activity

Specify the "Senior Community Service Employment Program" name for which this Program Income and Non-SCSEP Funds Expenditure Register report is to be submitted.

C. Annual Plan No.

Enter the annual plan number or agreement number assigned by the State Department of Labor and Industrial Relations to the benefiting SCSEP program. If unknown, leave blank. This number will not change for the duration of the grant.

D. Mod. No.

Enter the modification number of the corresponding SCSEP annual plan, if applicable.

E. Annual Plan Period

Enter the month, day, and year of the start and end dates of the SCSEP program annual plan or grant agreement period.

## F. Report Period

Enter the month, day, and year of the start and end dates of the report period for which this report is being submitted.

## II. Breakout of Accrued Expenditures

## A. Object of Expenditures (Column A, Lines 1 to 14)

List expense account titles, names, or objects (i.e. personal cost, program activities, other current expenditures, etc.) that are allowable under the SCSEP program.

## B. Total Program Income Accrued Expenditure (Column B)

Enter the total expenditure of program income during the reporting period on the same line as the respective detailed expense in Column A. Enter program income expenditures that met the requirements under Sec. 641.803 of the SCSEP Final Rule (administrative regulations). Program income is any income or profit earned by a subrecipient from SCSEP activities including income generated from the sale of commodities (products) fabricated under the agreement.

The addition method described at 29 CFR 95.24(a) or 29 CFR 97.25(g)(2) as appropriate, must be used for all program income earned under SCSEP.

## C. Total Non-SCSEP Federal Accrued Expenditure (Column C)

Enter the total expenditure of other non-SCSEP federal funds during the reporting period on the same line as the respective detailed expense in Column A. The reportable non-SCSEP federal expenditures must be allowable SCSEP costs expended for the same purpose for which the subject grant was awarded.

## D. Total Non-Federal Accrued Expenditure (Column D)

Enter the total expenditure of non-federal funds during the reporting period on the same line as the respective detailed expense in Column A. Non-federal expenditures should include amounts incurred as stand-in costs that meet the requirements under Sec. 641.809 of the SCSEP Final Rule (administrative regulations). A subrecipient is not required to provide non-Federal resources for the use of the SCSEP project as a condition of entering into a subrecipient or host relationship.

E. Total Non-SCSEP Accrued Expenditures (Column E)

Enter the total non-SCSEP accrued expenditures during the reporting period on the same line as the respective detailed expense in Column A. Column E is the sum of Columns B, C, and D.

F. Total Accrued Expenditures

Enter the totals for Column B, C, D, and E on line F. This represents the accrued expenditure of SCSEP program income, non-SCSEP federal funds, and non-federal funds that benefited the SCSEP program.

G. Prior Year Carry-over Balance

SCSEP subrecipients are to maintain records for the receipt and disbursement of program income, including the reporting of such information on a monthly cumulative basis. Federal reporting of program income requires that receipts and expenditures and the carrying balance of the fund be disclosed in the SCSEP Federal Status Report.

Enter the unexpended balance of the program income account from the prior year on line G.

H. Total YTD Receipts

Enter the total program income revenue generated during the reporting period on line H.

I. Total Funds Realized

Enter the sum of the prior year carry-over balance and the total receipts for the report period on line I. (Line I = lines G + H)

J. Undisbursed Fund Balance

Enter the difference of the Total Funds Realized (line I) and the Total Accrued Expenditures (line F) on line J. This represents the end of year fund balance to carry forward to the next year.

K. Certification

Name, title, and signature of an authorized official of the subrecipient organization certifying the accuracy of the expenditure report will be entered here and dated.

STATE OF HAWAII  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
WORKFORCE DEVELOPMENT DIVISION

INVENTORY LISTING

I. IDENTIFICATION INFORMATION

A. Subrecipient Name \_\_\_\_\_  
 B. Program \_\_\_\_\_  
 C, Plan / Agreement No \_\_\_\_\_  
 D. Plan / Agreement Period \_\_\_\_\_

From: \_\_\_\_\_  
 To: \_\_\_\_\_

Item Description	Serial or Factory I.D. Number	Date Acquired	Unit Cost	I.D. Tag No.	Purchase /
Computer, Dell, XX5, personal desktop, with 17" color monitor	Serial #1111111111	10/11/2007	\$1,500.00	L00001	P

CERTIFICATION: I hereby certify that, to the best of my knowledge, all property listed has been purchased or disposed of in accordance with applicable property management guidelines as provided by the State.

---

Authorized Signature & Title Date

DLIR WORKFORCE DEVELOPMENT DIVISION  
OLDER AMERICANS ACT (OAA)  
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)  
INVENTORY LISTING REPORT

I. Purpose

The form will be used to submit a listing of nonexpendable personal property acquired or disposed of in the report quarter.

II. Facsimile of Form

Refer to the attached blank form

III. General Instruction

Prepare a separate form for each operational plan or agreement. Another form or format may be substituted if the same information is displayed.

List all non-expendable personal property acquired in whole or in part with financial assistance awarded by the State. Be sure to include all property with a unit cost of \$250.00 or more and with a useful life of one (1) year or more that has been purchased or disposed of in this grant period. Use additional pages as necessary.

IV. Frequency and Report Due Date

This report will be submitted quarterly within thirty (30) calendar days after the end of each report quarter. Once an inventory report is submitted for an operational plan or agreement, subsequent quarterly reports are required only when there is a change to the previously submitted report.

Department of Labor and Industrial Relations  
Administrative Services Office / WIA Unit  
830 Punchbowl Street, Room 309  
Honolulu, HI 96813

## INSTRUCTIONS IN COMPLETING THE INVENTORY LISTING OF PROPERTY

## I. IDENTIFICATION INFORMATION

## A. Subrecipient Name

Enter the name of the subrecipient as shown in the annual plan or grant agreement.

## B. Program

Enter the type of program as shown in the annual plan or grant agreement.

## C. Plan/Agreement Number

Enter the agreement number as designated by the State in the annual plan or grant agreement.

## D. Plan/Agreement Period

Enter the beginning and ending dates of the annual plan or grant agreement.

## II. COLUMN HEADINGS

## A. Item Description

Enter the complete description of the property, including size, color, and other pertinent description.

## B. Serial or Factory I.D. Number

Enter the Manufacturer's Serial Number or Factory Identification Number.

## C. Date Acquired

Enter the date of purchase or acquisition.

## D. Unit Cost

Enter the purchase cost of each item including taxes, shipping cost, and other related cost in the acquisition of the property.

## E. I.D. Tag No.

Enter the number assigned by the subrecipient to identify a specific property from other properties in its custody.

F. Purchased or Disposed Identifier

1. For items purchased this agreement period, place a "P" next to the item.
2. For items disposed of this agreement period, place a "D" next to the item.

III. Certification Statement

To be signed and dated by an authorized signatory that is on file with the State.

DLIR WORKFORCE DEVELOPMENT DIVISION  
OLDER AMERICANS ACT (OAA)  
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)  
CLOSEOUT PROCEDURES

I. Purpose

CLOSEOUT is the process by which the State requires the final accounting of all funds upon the termination of all activities under an agreement with a subrecipient. The State determines that all applicable administrative actions and all required work under the grant have been completed by the subrecipient at the expiration or termination of the grant, whichever comes first. It also requires the submission of the annual grant reconciliation, the subrecipient's release certification, assignment of refunds, rebates or credits, final property accountability and tax clearance certificate.

II. Facsimile Form

Refer to each blank form in the closeout packet.

III. General Instructions

Prepare a separate closeout packet for each grant agreement. Follow the detailed instructions in completing each form. Some forms are self-explanatory and therefore have no written instructions. Since this is the final report, all entries in dollars and cents should be reported. The packet is made up of nine (9) separate report forms and a submittal form that is self-explanatory. Each report will be accrual based and cumulative from the beginning of the plan period to the end of the report period.

IV. Frequency and Report Due Date

The report is due no later than 60 calendar days after the end of the grant agreement or at the termination of the agreement whichever comes first to:

Department of Labor and Industrial Relations  
Administrative Services Office / WIA Unit  
830 Punchbowl Street, Room 309  
Honolulu, Hawaii 96813

## SCSEP CLOSEOUT PROCEDURES

## INSTRUCTIONS FOR COMPLETING AND SUBMITTING THE CLOSEOUT PACKET

The State, within 30 days before the expiration of the grant period or the early termination of the grant agreement, whichever comes first, sends to the subrecipient a closeout notification letter. Failure by the State to issue a notification does not preclude the subrecipient's requirement of submitting a timely closeout package.

The subrecipient is required to submit a complete closeout package of nine (9) report forms along with the submittal checklist for the final accounting of all activities under each agreement with the State within 60 days after the termination date of the grant.

1. Cash Reconciliation Statement of Final Accrued Expenditures and Payments (Attach a copy of the subrecipient's final request for cash advance or reimbursement if it is being amended due to this closeout activity.)

This form is provided to subrecipients in order to reconcile the accrued expenditures and cash advances received. Excess cash in the expired grant shall be returned to the State with the closeout package. Accrued liabilities not liquidated at the time of closeout shall be deobligated and become a liability of the subrecipient. Any unexpended funds in the expired grant will be subject to deobligation by the State.

2. Subrecipient's Release Form

The Subrecipient's Release Form shall be signed by a corporate officer (in the case of private agencies) or by the chief elected official or their designee for government agencies. Include with the release form a list of unclaimed wages or outstanding checks that may be subject to the State assuming disposition responsibility in accordance with the State of Hawaii Uniform Unclaimed Property Act (HRS Sec. 523A).

3. Subrecipient's Assignment of Refunds, Rebates, and Credits

Outstanding refunds, rebates, and credits after the expiration of the grant agreement should be collected and turned over to the State. Refunds include:

- a. Workers' Compensation and other insurance overpayment.
- b. Unliquidated advance payments.
- c. Interest earned or owed on SCSEP and State funds.
- d. Program income not deducted from accrued expenditures.
- e. Any other unexpended sums.

## 4. Final Inventory Certification

The subrecipient will certify to the accuracy of the inventory listing that is submitted with this certification. The Inventory Listing Report should be either the most current inventory listing submitted to the State or an amended "final" listing. Reference Inventory Listing Report in Appendix A.

## a. For Grants with Government Property

If property was purchased with grant funds with a unit cost of \$250.00 or more and/or furnished by the Federal or State government under the terms of the grant agreement, the subrecipient shall:

- (1) Take a physical inventory and submit an inventory listing with this certification.
- (2) Report discrepancies between inventory records and the physical count.

## b. For Grants with No Government Property

If there was no acquisition of nonexpendable personal property through purchase with the use of grant funds or furnished through transfer from other projects, the subrecipient shall likewise certify to this effect.

## 5. Special Bank Statement of Financial Account

Subrecipients with a special bank account established solely for the grant in accordance with the grant agreement shall close the account or provide an explanation as to why the account cannot be closed. A copy of the bank statement or passbook reflecting a zero balance shall be submitted with the closeout packet.

## 6. Annual Grant Reconciliation Settlement Worksheet and Summary

This report form, when completed, reconciles the total uncommitted balance of funds to be deobligated by the State. This form also addresses fiscal-related information as to unpaid liabilities, litigation or disputes, property management, discrepancies, and audits. A copy of the final Expenditure Register Report should be submitted with this summary worksheet.

## 7. Subrecipient's Closeout Tax Certificate

The subrecipient certifies that all requirements for the collection, deposit, payment and reporting of federal, state, and local taxes have been complied with as required by law. A tax clearance issued by the State of Hawaii Department of Taxation for the payment of general excise taxes and the remittance of state income taxes withheld from employees and participants shall also be submitted (when applicable).

8. Representation Letter

The representation letter is to be signed by an authorized official of the subrecipient with overall responsibility for the operation of the agency.

9. Balance Sheet

This report is to be submitted to show the financial condition of the agency with respect to the specific grant that is under consideration for closeout.

## ASSURANCES AND CERTIFICATIONS

The Department of Labor and Industrial Relations will not award an Agreement where the PROVIDER has failed to accept the ASSURANCES AND CERTIFICATIONS contained in this section. In performing its responsibilities under this Agreement, the PROVIDER hereby certifies and assures that it will fully comply with the following regulations:

- 29 CFR Part 97 (Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments);
- 29 CFR Part 95 (Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations) supersedes 41 CFR 29-70 (Administrative Requirements);
- 29 CFR Parts 96 and 99 (Single Audit Requirements);
- 29 CFR Part 98 (Debarment and Suspension, Drug Free Workplace);
- 29 CFR Part 93 (Lobbying Certification);
- 29 CFR Parts 33 and 34 (Nondiscrimination and Equal Opportunity);
- 29 CFR Part 37 (Nondiscrimination and Equal Opportunity Provisions of the Workforce Investment Act of 1998);
- OMB Circular A-87 (Cost Principles for State and Local Governments);
- OMB Circular A-122 (Cost Principles for Non-Profit Organizations);
- Public Law 109-234, Salary and Bonus Limitations;
- Public Law 107-288, Jobs for Veterans Act;
- Public Law 109-365, Older Americans Act Amendments of 2006, Title V, Older American Community Service Employment Program; and
- 20 CFR Part 641 (Senior Community Service Employment Program, Final Rule)
- Public Law 109-282, Federal Funding Accountability and Transparency Act of 2006 as amended.
- SF 424B (Assurances for Non-Construction Programs)

By signing the face sheet of this contract or agreement, the PROVIDER is providing the certifications set forth below:

Assurances - Non-Construction Programs

Debarment and Suspension Certification  
Certification Regarding Lobbying  
Drug Free Workplace Certification  
Certification of Non-Delinquency

- A. ASSURANCES - NON-CONSTRUCTION PROGRAMS. NOTE: Certain of these Assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for federal funds and the institutional managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding federal agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or

national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686) which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255) as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616) as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd.3 and 290 ee.3) as amended, relating confidentiality of alcohol and drug abuse patient records; (h) Title VII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.) as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. 276a to 276 a 7), the Copeland Act (40 U.S.C. 276 and 18 U.S.C. 874, and the Contract Work Hours and Safety Standards Act (40.327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with Flood Insurance Purchase Requirements of Section 102(A) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and

Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in flood plains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. 1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-203).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470) EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a.1 et seq).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held in research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C.4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations".

**B. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS – PRIMARY COVERED TRANSACTIONS.** The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
2. Have not within a three-year period preceding this proposal been convicted or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and;
4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, Local) terminated for cause or default.

Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**C. CERTIFICATION REGARDING LOBBYING – Certification for Contracts, Grants, Loans, and Cooperative Agreements.** By accepting this grant, the signee hereby certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of Congress, or any employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.

3. The signer shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements), and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of facts upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

D. **DRUG FREE WORKPLACE.** By signing this application, the grantee certifies that it will provide a drug free workplace by implementing the provisions at 29 CFR 98.630, Appendix C, pertaining to the Drug Free Workplace. In accordance with these provisions please provide in the space below, a list of places where performance of work done in connection with this specific grant will take place. This information must be included with this signed document or maintained at your office and available for Federal Inspection.

.....  
.....  
.....  
.....  
.....

E. **CERTIFICATION OF NON-DELINQUENCY:**

Please check the appropriate statement.

\_\_\_\_\_ Not Delinquent on any Federal Debt

\_\_\_\_\_ Delinquent on any Federal Debt

**DISCLOSURE OF LOBBYING ACTIVITIES**

Approved by OMB

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

00348-0046

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>1. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known:	<b>2. If Reporting Entity in No. 4 is a subawardee, Enter Name and Address of Prime:</b>   Congressional District, if known:	
<b>3. Federal Department/Agency</b>	<b>4. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):  (attach Continuation Sheet(s) SF-LLLA, if necessary)	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):  (attach Continuation Sheet(s) SF-LLLA, if necessary)	
<b>11. Amount of Payment</b> (check all that apply): \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	<b>13. Type of Payment</b> (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____	
<b>12. Form of Payment</b> (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____		
<b>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11:</b>   (attach Continuation Sheet(s) SF-LLLA, if necessary)		
<b>15. Continuation Sheet(s) SF-LLLA attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>16.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____      Date: _____	
<b>Federal Use Only:</b>	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activities is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal Action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1<sup>st</sup> tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number of grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
 (b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLLA Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB Control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

## REFERENCES

This project is authorized under Title V of the Older Americans Act Amendments of 2006 (Public Law 109-365, October 17, 2006) and shall be operated following its statutes and the Senior Community Service Employment Program, Final Rules (20 CFR Part 641) which were published on September 1, 2010.

Links to both the statutes and rules can be accessed through the U.S. Department of Labor's website at [http://www.doleta.gov/Seniors/html\\_docs/regs.cfm](http://www.doleta.gov/Seniors/html_docs/regs.cfm)

The respondent shall be responsible to review both the Older Americans Act Amendments of 2006 and its final rules and ensure that its proposed services are compliant with both the statutes and rules.

Although the site also provides linkages to the Jobs for Veterans Act, Workforce Innovation and Opportunity Act, Americans with Disabilities Act (ADA), Age Discrimination Act, and the Age Discrimination in Employment Act; please note that some of these Acts may have subsequently been amended or revised such as the ADA which has been amended with the ADA Amendments Act of 2008 (ADAAA). The Department of Labor and Industrial Relations is not responsible for updates to the U.S. Department of Labor's website.