

**Older American Community Service Employment Program (OACSEP)  
Commitment of Financial Support and Cooperative Activities**

A separate copy of this agreement should be completed for each commitment of support for this Title V OACSEP project application.

**Agency (name and address)**

_____	_____	Private Non-Profit
_____	_____	Public Agency
_____	_____	Private-for-Profit Agency
_____	_____	Individual

**Total Value of this Commitment:** \_\_\_\_\_

**Type of Support or Activity:** Give brief description: (a) If support is in the form of staff, describe duties and relationship to the Project; b) If space, attach two appraisal of rental value.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Value of Commitment:** Cash \$ \_\_\_\_\_ In-kind \$ \_\_\_\_\_

Certification of Official Authorized to Make Commitment:

It is understood that these committed Non-Federal resources will be used to match Title V OACSEP funds and will not be used to match any other Federal funds during the period of the Title V OACSEP project.

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date  
**Title V**

**Older American Community Service Employment Program (OACSEP)  
Letter of Commitment**

We \_\_\_\_\_ will receive the services of

\_\_\_\_\_  
(name of worksite organization)

\_\_\_\_\_  
(Phone number)

Older American Community Service Employment Program participant(s) for the period of time \_\_\_\_\_ to \_\_\_\_\_.

We agree to the following:

The participant and \_\_\_\_\_ with a copy of position description.  
(Host Agency)

- development of skills, responsibility and good work habits.
- care and attention to the personal development of each participant.
- training and supervision throughout the training period.
- participant participation in pertinent staff meetings.
- proper health and safety conditions for every participant.
- employment of the participant should and appropriate opening occur.
- intensive effort to find employment for the participant by

\_\_\_\_\_  
(Date)

This activity will not displace or replace any other paid employee, nor will we discriminate will regard to race, color or creed.

Nature of the work to be provided by the trainee:

\_\_\_\_\_  
Name of the immediate supervisor:

\_\_\_\_\_  
Signature:

**Title V**

**Older American Community Service Employment Program (OACSEP)**

**Training Position Description**

**Position Location:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Basic Function of Community Service to be performed by participant:**

**Tasks to be performed:**

- 1.
- 2.
- 3.
- 4.
- 5.

**(Use other side if necessary)**

**Special Skills Needed:**

**Prevailing Wage Rate:** \_\_\_\_\_ **Actual Wage Rate:** \_\_\_\_\_  
**(Unless otherwise stated)**

**Name and Job Title of Immediate Supervisor:**

\_\_\_\_\_

**Percentage of time to be spent with participant:**

\_\_\_\_\_

**Schedule for Community Service Assignment Training:**

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							