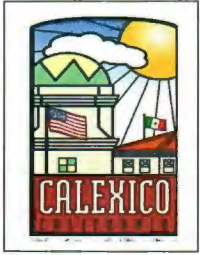


**AGENDA  
ITEM**

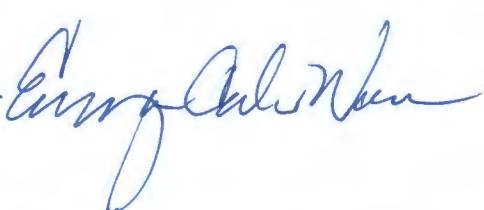
**11**



# CITY COUNCIL AGENDA STAFF REPORT

**DATE:** June 07, 2022

**TO:** Mayor and City Council

**APPROVED BY:** Esperanza Colio Warren City Manager 

**PREPARED BY:** <sup>Denise Garcia</sup> Denise Garcia, HR/RM Manager

**SUBJECT:** Authorize the City Manager to Sign a One Year Agreement with SER Senior Community Service Employment Program (SCSEP)

=====

**Recommendation:**

Authorize the City Manager to sign a one year agreement with SER Senior Community Service Employment Program (SCSEP) for fiscal years 2023-24.

**Background:**

SER Senior Community Service Employment Program (SCSEP) through partnerships with non-profit organizations and public agencies provide on the job training/work experience for individuals 55 years of age and over having an economic need.

The program provides a monetary stipend to the participant with no cost to the City. The partnership with SCSEP program allows the City to provide work experience to the participant while the participant provides assistance to the City.

Training agreements are renewed annually for a one year period ending June 30 each year.

**Discussion & Analysis:**

In partnering with the SER SCSEP, the City will provide training and supervision to participants in areas such as clerical, customer service, filing, copying, answering telephones, scanning documents, etc.

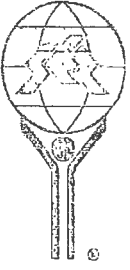
Participants must be supervised at all times by a full time City employee and are provided training to learn new skills.

**Fiscal Impact:** None

**Attachments:**

SER SCSEP Host Agency Agreement

<b>AGENDA ITEM</b>
<b>11</b>



## **SER -Jobs for Progress, Inc.**

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Cultivating America's Greatest Resource: People

**Date:** May 31,2023  
**To:** City of Calexico  
**From:** Ser Jobs for Progress Inc  
**Subject:** Host Agency Agreement

Thank you for Partnering with SER Senior Community Service Employment Program (SCSEP) to enhance Employment Training for Our valued participant.

We appreciate your Participation and Cooperation with our Program and continue working with our Agency. Our New Fiscal Year 2023/2024 is coming and we need to have Agreements ready.

I would like to ask you to take a moment to review the Host Agency Agreement. Have it sign and send it back on the envelope provided. Our deadline is June 30, 2023.

If you have any questions, please don't hesitate to call me at:  
(760) 592-4281.

Sincerely

Irma Bobadilla  
Case Manager/Placement Specialist



# SER SCSEP

(This is a Training Program for SCSEP Participants)

## 61 - HOST AGENCY AGREEMENT

See Sections 10, 11, & 25 of the SOP

Agency/Organization: City of Calexico

FEIN: 95 6000684

The Senior Community Service Employment Program (SCSEP) aids unemployed low income individuals, 55 years and older, in re-entering the workforce by providing subsidized community service training assignments with non-profit and government agencies to gain experience. **Thank You** for partnering with SER SCSEP to enhance employment opportunities for the participants that will be assigned with your agency/organization. Your agency will assist participants with meaningful training opportunities to update and/or develop job skills needed to obtain unsubsidized employment.

### SER SCSEP responsibilities:

- ☛ Assessment of the participant's skills;
- ☛ Development of a customize employment plan;
- ☛ Assignment to a suitable training site;
- ☛ Create a list of training activities and appropriate schedule for each participant;
- ☛ Provide compensation (at the federal/state minimum wage) to participants for training;
- ☛ Provide job search guidance through employment referrals and job readiness workshops;
- ☛ Communicate to host agencies any changes in regards to training and/or SCSEP policies and procedures;
- ☛ Make available opportunities for participants to rotate to other host sites for additional training experience;
- ☛ Conduct annual/bi-annual informational Host Agency meetings; and
- ☛ Cover all SER participants under a worker's compensation insurance policy during training hours.

### Agency/Organization responsibilities:

- ☛ Provide supervision, orientation, training, safe training site and adhere to all applicable state laws regarding meal/rest breaks;
- ☛ Abide by agreed-upon training schedule and submit properly prepared and signed timesheets.
- ☛ Adhere to the policies/procedures outlined in the SER SCSEP Handbook;
- ☛ Consider hiring the participant if appropriate openings occur [no special consideration is implied];
- ☛ Cover the cost for background checks, health screenings or drug testing required by the agency;
- ☛ Maintain open communication with the SCSEP staff regarding the participant's training and any issues/situations;
- ☛ Inform SCSEP staff when the participant gets a job.
- ☛ Agree not to use participants as substitutes for permanent employees; to displace currently employed or laid off employee [within 2 years]; or to reduce regular hours, wages or benefits.
- ☛ Agree not to compensate the participant in any form or manner;
- ☛ Attend SER SCSEP host agency meetings; and
- ☛ Provide a copy of the following upon request: General Liability Insurance, IRS 501(c)(3) letter [non-profits], an annual HA Assessment of SCSEP, and supervisor hours for In-kind services provided [if applicable].

***This agreement will be in effect from the date signed until June 30 of following year [one program year]; a renewal of this partnership must be signed each program year [July – June].***

The subsequent representative's signature on this agreement acknowledges that each supervisor will read and adhere to the above requirements. It further signifies your agency accepts and agrees to cooperate with SER SCSEP.

### **Please check each appropriate box:**

<b>Type of Agency/Organization:</b> <input checked="" type="checkbox"/> Non-Profit Organization – IRS code 501(c)(3)– documentation attached <input type="checkbox"/> Public Organization - Government agency including federal, state, county, or city	<b>Participant Supervisor is Paid From:</b> <input type="checkbox"/> Federal funds <input checked="" type="checkbox"/> Non-federal funds Supervisor Hourly Pay Rate: _____	<b>Additional Sites:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes -- fill out Form# 62 (HAA- Additional Sites)
---	---	---

**City of Calexico**

Agency/Organization – Main Office Location

**608 Heber Ave Calexico, CA 92231**

Address City, State, ZIP

Telephone & Fax

Email

Agency/Organization Representative Name (Print)

Agency/Organization Representative Signature Date Signed

**SER San Joaquin/Oceanside -Imperial**

SER SCSEP Site

**155 W Main Street STE 2 El Centro, CA 92243**

Address City, State, ZIP  
**(760) 592-4281 (760) 592-4345**

Telephone & Fax

**ibobadilla@sercalifornia.org**

Email

**Irma Bobadilla**

SER SCSEP Staff Name (Print)

SER SCSEP Staff Signature Date Signed



**SER SCSEP**

(This is a Training Program for SCSEP Participants)

**62 - HOST AGENCY AGREEMENT-ADDITIONAL SITES**

Please attach to the Host Agency Agreement  
See Sections 10, 11, & 25 of the SOP

Host Agency Name: City of Calexico

608 Heber Ave  
Mailing Address

Calexico CA 92231  
City State ZIP

608 Heber Ave  
Physical Address

Calexico CA 92231  
City State ZIP

Telephone & Fax (760) 768-2107

Email dgarcia@calexico.ca.gov

Denise Garcia  
Contact Person Name (Print)

Human Resources Manager  
Title

**Other Host Agency Authorized Sites [each site listed below must have a separate Host Agency File]**

Name: City of Calexico

Phone No. (760) 768-2107

608 Heber Ave  
Address

Calexico CA 92231  
City State ZIP

Telephone & Fax (760) 768-2102

Email ggarcia@calexico.ca.gov

Gabriela Garcia  
Contact Person Name (Print)

Department City Clerk  
Title

Name: Calexico Community Center

Phone No. (760) 768-2176

707 Dool Ave  
Address

Calexico CA 92231  
City State ZIP

Telephone & Fax (760) 768-2194

Email dcarrillo@calexico.ca.gov

Norma Gerardo Debbie Flores  
Contact Person Name (Print)

Recreation Manager  
Title

Name: kiki Camarena Memorial Library

Phone No. (760) 768-2170

850 Encinas Ave  
Address

Calexico CA 92231  
City State ZIP

Telephone & Fax (760) 357-0404

Email llegaspi@calexico.ca.gov

Lizeth Legaspi  
Contact Person Name (Print)

Library Manager  
Title

Name: Calexico Police Department

Phone No. (760) 768-4046

420 E 5th Street  
Address

Calexico CA 92231  
City State ZIP

Telephone & Fax (760) 768-1241

Email mgutierrez@calexico.ca.gov

Martha Gutierrez  
Contact Person Name (Print)

Executive Assistant Secretary  
Title



# SER SCSEP

(This is a Training Program for SCSEP Participants)

## 62 - HOST AGENCY AGREEMENT-ADDITIONAL SITES

Please attach to the Host Agency Agreement  
See Sections 10, 11, & 25 of the SOP

Host Agency Name: City of Calexico

608 Heber Ave

Mailing Address

Calexico CA 92231

City State ZIP

608 Heber Ave

Physical Address

Calexico CA 92231

City State ZIP

Telephone & Fax (760) 768-2107

Email dgarcia@calexico.ca.gov

Denise Garcia

Contact Person Name (Print)

Human Resources Manager

Title

**Other Host Agency Authorized Sites** [each site listed below must have a separate Host Agency File]

Name: Carmen Durazo Cultural Art Center

Phone No. ( 760 )357-5575

707 Dool Ave

Address

Calexico CA 92231

City State ZIP

Telephone & Fax (760) 357-5575

Email jquintero@calexico.ca.gov

Eduardo Quintero

Contact Person Name (Print)

Supervisor

Title

Name: \_\_\_\_\_

Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City State ZIP

Telephone & Fax \_\_\_\_\_

Email \_\_\_\_\_

Contact Person Name (Print) \_\_\_\_\_

Title \_\_\_\_\_

Name: \_\_\_\_\_

Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City State ZIP

Telephone & Fax \_\_\_\_\_

Email \_\_\_\_\_

Contact Person Name (Print) \_\_\_\_\_

Title \_\_\_\_\_

Name: \_\_\_\_\_

Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City State ZIP

Telephone & Fax \_\_\_\_\_

Email \_\_\_\_\_

Contact Person Name (Print) \_\_\_\_\_

Title \_\_\_\_\_



# SER SCSEP

(This is a Training Program for SCSEP Participants)

## 64 - HOST AGENCY ORIENTATION

*See Sections 10, 11, & 25 of the SOP*

Host Agency Name: City of Calexico

List host agency staff attending this SCSEP Orientation: (Include in these orientations any HA employee who will oversee participants)

- |                           |          |
|---------------------------|----------|
| 1. <u>Gabriela Garcia</u> | 4. _____ |
| 2. _____                  | 5. _____ |
| 3. _____                  | 6. _____ |

Orientation conducted by:	<u>Irma Bobadilla</u>	<u>ETS</u>
	Name	Title

*Instructions: Conduct the orientation along the following guidelines. Place a check mark next to the topic as it is discussed.*

- |  |   |                                     |
|--|---|-------------------------------------|
| 1. <b>SER SCSEP Handbook (HB)</b>                                  | Number of copies of the handbook provided   | <u>1</u>                            |
| 2. <b>SCSEP Orientation</b>  | Explain the agreement and goals and mission of SCSEP  | <input checked="" type="checkbox"/> |
| 3. <b>Participant Training Plan</b>                                | Discuss the development of the training plan  | <input checked="" type="checkbox"/> |
| 4. <b>Assignments/Rotations/Community Service Assignment (CSA)</b> | Discuss length of assignments, and CSA purpose  | <input checked="" type="checkbox"/> |
| 5. <b>In-Kind Contributions</b>                                    | Discuss importance of federal funds in relation to in-kind and its purpose                        | <input checked="" type="checkbox"/> |
| 6. <b>Evaluation of Participants</b>                               | Discuss how feedback is used to benefit the participant   | <input checked="" type="checkbox"/> |
| 7. <b>Participant Meetings</b>                                     | Discuss frequency, length and purpose   | <input checked="" type="checkbox"/> |
| 8. <b>Safety and Accident Reporting</b>                            | Explain SER injury reporting and the importance of <u>immediate</u> reporting                     | <input checked="" type="checkbox"/> |
| 9. <b>Payroll and Timesheets</b>                                   | Explain the periods, procedures for completing the <i>Time and Attendance Report</i> , & schedule | <input checked="" type="checkbox"/> |
| 10. <b>Host Agency Meetings</b>                                    | Discuss the importance of the HA attending  | <input checked="" type="checkbox"/> |

\_\_\_\_\_  
SER SCSEP Staff Conducting Orientation Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Host Agency Representative Name (Print)

\_\_\_\_\_  
Host Agency Representative Signature

\_\_\_\_\_  
Date Signed



**SER SCSEP**  
(This is a Training Program for SCSEP Participants)

**66 - HOST AGENCY SITE VISIT**  
*See Sections 10 & 25 of the SOP*

This form is used to document the **local office's monitoring** of the host agency. *Review the participants' Community Service Assignment descriptions prior to completing this form. This form must be filled out by SER SCSEP staff only, not the host agency.*

**HOST AGENCY SUPERVISOR'S INTERVIEW:**

<b>Host Agency:</b> City of Calexico	<b>Date of Site Visit:</b>	<b>Date of SCSEP Staff last Safety Inspection:</b>
<b>Name of Participants (Please list each participant currently assigned to this host site):</b>		
1. Emilia E Carranza Soto	4.	
2.	5.	
3.	6.	

1. Is the training site safe, sanitary and hazard-free? If 'no' please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Any layoffs or reduced hours of current staff in the last 2 years? <i>If yes, by law, duties of the participant's assignment cannot duplicate duties or lay-off or reduced-hours employees. List positions/duties &amp; dates of lay off or reduced hours:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are the participants following their scheduled training hours? If 'no' please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are the participants' training based on their CSAs? If 'no' please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does the supervisor have suggestions for changes and/or improvements for the training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are the participants performing any duties that may be considered risky or unsafe, such as, climbing ladders, using pesticides, working with machinery, etc? If yes, please address corrective action in the comments section.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are the participants being adequately supervised at the training site? (Ensure compliance with maintenance of effort.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have there been any changes in training environment or supervisory staff? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Has the current training site supervisor attended the SCSEP meetings? If yes, give last date attended: ____ / ____ / ____ . If no, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Any possibility of hiring the participant? If 'no' please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Note:** Participants are Prohibited from Volunteering at Host Agency Assignment Site.

Host Agency Representative Name (Print) \_\_\_\_\_

Host Agency Representative Signature \_\_\_\_\_

Date Signed \_\_\_\_\_





**SER SCSEP**  
(This is a Training Program for SCSEP Participants)

**66 - HOST AGENCY SITE VISIT**  
*See Sections 10 & 25 of the SOP*

**PARTICIPANTS' INTERVIEWS:**

11. Are the participants' satisfied with the assignment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Do the participants understand accident/incident reporting, payroll and workers' compensation procedures? If 'no' to any of the above, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Are the participants being asked to train extra hours or volunteer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Are the participants making an effort to seek and obtain unsubsidized employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Have there been any changes at the HA site [such as layoffs, schedule changes, reduction in staff hours, etc...] or supervisory staff? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SAFETY CONSULTATION:**

16. Has the host agency supervisor conducted safety training with the participants including what to do in the case of an emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Are the participants aware of what to do in the case of an emergency, including, but not limited to what to do in case of a fire and the location of fire extinguisher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Do the participants know the location of the nearest exit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Do the participants know how to report an incident or injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Results of the Monitoring & Safety Consultation / ETS' Comments:*

Note: Participants are Prohibited from Volunteering at Host Agency Assignment Site.

\_\_\_\_\_  
SER SCSEP Staff Conducting the Visit (Print)

\_\_\_\_\_  
SER SCSEP Staff Signature

\_\_\_\_\_  
Date Signed