Template MOU

Memorandum of Understanding (MOU) between the NY-508 Continuum of Care and **[INSERT NAME OF ESSHI FUNDED PROVIDER AGENCY]**

1. BACKGROUND

The New York State Office of Temporary and Disability Assistance (OTDA), a funding source for Empire State Supportive Housing Initiative(ESSHI) grants, has requested that grant recipients obtain a letter of support from the local CoC in which they agree to establish collaboration and coordination between ESSHI recipients and the local CoC and Coordinated Entry System (CES).

This is to ensure that ESSHI funding recipients are working with the local CoC to meet the needs of the homeless population in the area that they are serving, in close collaboration with CES, which seeks to engage those homeless the longest, most vulnerable, and least likely to exit homelessness on their own.

1. PROPOSED PROJECT DESCRIPTION

**Summary of the proposed project (should include target population, implementation timeline, the role of the applicant (developer or service provider), location, # of total proposed affordable units, # of ESSHI units)**

**\_\_\_\_units** will be dedicated to literally homeless clients and referral must come from CoC coordinated Entry at initial lease up and remain dedicated the duration of the ESSHI contract.

1. RESPONSIBILITIES OF PARTICIPATING PROVIDERS

**[INSERT LOCAL ESSHI PROVIDER NAME]** will:

1. Establish clearly written policies and procedures with program eligibility requirements that are shared with CES;
2. Provide all eligibility documents and application forms to CES. CES will provide all documents that confirm client eligibility to ESSHI programs. If ESSHI programs have additional documents not required for eligibility that they choose to collect for clients, those forms will be collected by the ESSHI program. This includes, for example, documents necessary to calculate a lease or agency-specific forms.
3. Establish program points of contacts that will report vacancies and accept referrals/process intakes and notify the CE Manager if there are any staffing changes at a later point to the established CES program points of contact;
4. Operate using a Housing First model (strongly encouraged);
5. Report all vacancies/program availability to the CE Manager with as much advanced notice as possible to allow CES to review clients for eligible candidates for referral;
6. Once vacancies are reported, CES will coordinate directly with the provider to identify and refer eligible households that are willing to accept the available housing opportunity. CES will have five business days from the time a bed/unit becomes available to identify an eligible household and process a referral.
7. All CES referrals should be accepted for review of eligibility/consideration of program acceptance and an ESSHI permanent housing program will have five business days to confirm the acceptance or denial of CES referrals. ESSHI programs should submit reason(s) for denial in writing to CES, as CES will need to inform a client as to why they were denied a housing opportunity. CES may send up to three eligible client referrals for any one vacancy in an effort to ensure a quick transition into permanent housing. If there are no eligible CES clients to fill a current vacant bed/unit, ESSHI providers are encouraged to review other non-CES referrals. For any vacancy in a program that is OMH-funded, SPOA will process a direct referral if CES does not have a presenting client to refer.
8. Agencies can and are encouraged to manage their own waitlists, and in the event that CES does not have a presenting CES client that is eligible and willing to accept an available housing opportunity, the agency can then offer housing opportunities to those from their waitlist.
9. Share application information and point of contact information for the other affordable units within the project with CES.
10. encourage to accept homeless clients into the non-ESSHI affordable units.

TERMS OF AGREEMENT

This MOU shall be effective upon adoption by each signatory agency and entity. This MOU will be reviewed and updated once the project is built and start accepting referrals to incorporate changes and clarifications of roles and responsibilities.

**[INSERT PROVIDER NAME]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Program CEO/Executive Director

Print Name:

Title:

Date:

NY-508 Continuum of Care

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of CoC Lead Agency-Homeless Alliance of WNY

Print Name: Kexin Ma

Title: Executive Director

Date: