1. **PARTIES**

This Memorandum of Understanding (MOU) is between GRANTEE AGENCY NAME (recipient), point of contact, NAME; and SUBGRANTEE AGENCY NAME (subrecipient), point of contact, NAME.

1. **PURPOSE AND SCOPE**

This MOU establishes unconditional commitment of subrecipient to provide in-kind services to match the GRANT PROJECT NAME administered by the recipient.

1. **DEFINTION OF SERVICES**

The following services will be provided: CUSTOMIZE LIST TO YOUR PROJECT

* *Annual Assessment of Service Needs.* The costs of the assessment required by § 578.53(a)(2).
* *Case management.* The costs of assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant(s).
* *Housing search and counseling services.* Costs of assisting eligible program participants to locate, obtain, and retain suitable housing are eligible.
* *Life skills training.* The costs of teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance abuse, and homelessness. These services must be necessary to assist the program participant to function independently in the community. Component life skills training are the budgeting of resources and money management, household management, conflict management, shopping for food and other needed items, nutrition, the use of public transportation, and parent training.
* *Outreach services.* The costs of activities to engage persons for the purpose of providing immediate support and intervention, as well as identifying potential program participants.
* *General management, oversight, and coordination.* Costs of overall program management, coordination, monitoring, and evaluation.

1. **SCOPE OF SERVICES**

*Match Sources.* Subrecipient will utilize SOURCE(S) as sources of match. These funds will be available throughout the term of GRANT PROJECT NAME contract (START DATE – END DATE).

*Households Served.* At any given point-in-time, the number of participants accessing services is expected to be NUMBER households. The total number of participants accessing services over the grant term (START DATE – END DATE) is expected to be NUMBER households.

*Qualification of Persons Providing Service*. SUBGRANTEE AGENCY NAME staff have experience implementing programs related to assisting the homeless population, preventing homelessness and providing support services to complement the housing assistance. These include NAME OF OTHER PROGRAMS. SUBGRANTEE AGENCY NAME Case Managers complete all HUD required trainings. Additionally, they have attended trainings related to cultural diversity, housing problem solving, mental health first aide, and CUSTOMIZE LIST. ADD OTHER QUALIFICATIONS AS APPLICABLE.

*Match Amount.* The estimated value of these services provided is $AMOUNT.

1. **DOCUMENTATION OF SERVICES MATCH**

*Documentation Requirements*. Subrecipient will clearly identify match in fiscal reports. Subrecipient will provide documentation to recipient and funder when requested within 5 business days.

*Timeliness of Services*. Subrecipient will provide identified services above to eligible households. Households will be contacted and assessed on an on-going basis, changes in frequency and intensity are determined by household self-stated need.

1. **GENERAL TERMS**

Terms. This MOU will be effective START DATE through END DATE. This MOU will be periodically reviewed and updated to incorporate changes or clarification as needed.

Termination. Any party may terminate this MOU for any reason by giving the other party ninety (90) days prior written notice.

Amendments. This MOU may be amended only in writing and authorized by the designated representative of Recipient and Subrecipient.

**SIGNED:**

AUTHORIZED SIGNER NAME, TITLE, GRANTEE AGENCY

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

AUTHORIZED SIGNER NAME, TITLE, SUBGRANTEE AGENCY

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