**Memorandum of Understanding**

**between**

**[Insert Name A] Community Mental Health**[Insert Address]

and

**[Insert Agency Name B]**

[Insert Address]

**PURPOSE**

This Memorandum of Understanding is intended to clearly outline the method by which the agreed upon supportive services will be conducted and documented between [Insert Name A] and [Insert Name B], for participants referred to [Insert Name A] from the [Insert Name B] [Insert Project Name].

Grant being matched: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. [Insert Name A] has a primary office located at [Insert Address]. [Insert Name A] provides supports and treatment for mental illness, behavioral health and substance abuse and offers a full system of services to address the needs of those with developmental disabilities.

2. [Insert Name A] makes an unconditional commitment as a third-party provider to provide services and match documentation for the [Insert Name B] project and grant contract for the [Insert Project Name] project.

3. All in-kind services provided as match shall be described under 24 CFR 578 Part D and shall be necessary and reasonable to promote program participants’ housing stability, income, and/or well-being.

4. Services recorded as in-kind match shall be provided to [Insert Name B] eligible recipients served in the [Insert Project Name] project for the operating dates/term of the grant contract. Match eligible project costs based on Subpart D of the HEARTH Interim Rule include the following: case management, childcare, education services, employment assistance and job training, housing search and counseling services, legal services, life skills training, mental health services, outpatient health services, outreach services, substance abuse treatment, transportation, and utility deposits. [Insert Name A] agrees to provide an unconditional commitment of in-kind match contributions for the [Insert Project Name] project for the fiscal year/grant term and amount listed below. Services by [Insert Name A] shall be consistent with timeliness standards for provided services to individuals within the [Insert Project Name] project.

5. [Insert Name B] will supply an In-Kind Match Request form to [Insert Name A] no more than quarterly and no less than twice annually, to track the allowable services provided during the term of the grant. This request will be utilized to document the value of services provided by [Insert Name A] during the grant term. Included in this form will be:

A. Name of the grant/contract being matched,

B. The length of time services provided are covered by the term of the contract,

C. The Point in Time number of participants/clients receiving services as part of the program/grant,

D. Total number of participants/clients receiving services over the grant term,

E. Names or unique identifiers of the participants/clients served in grant/contract (for names to be shared, TNCS must secure a valid Consent for Release of Information from each individual being served. These forms will be kept confidential in program participant files for the specific grant.).

6. [Insert Name A] will complete the In-Kind Match form and will:

A. Utilize its reporting system to identify eligible in-kind service for each contract and eligible service recipient,

B. Provide the name of the donor/contributor of match,

C. Provide match data only for the period of service within the contract operational term,

D. Provide the name and credentials of the specific service provider/practitioner, and an hourly rate/service cost,

E. Sign and date the In-Kind Match form by an authorized representative of [Insert Name A] with their name and title clearly stated.

7. [Insert Name A] will value its in-kind hourly rate/service cost consistent with those ordinarily paid for similar work in the same labor market.

8. The projected number of participants/clients to be served in this contract is \_\_\_\_. The term for this contract and grant is July 1, 2023-June 30, 2024.

9. [Insert Name B] authorized official(s) and point(s) of contact for the purposes of this Addendum is listed below:

Name:

Job Title:

Contact Information:

10. [Insert Name B] authorized official(s) and point(s) of contact for the purposes of this Addendum is listed below:

Name:

Job Title:

Contact Information:

11. The CoC Program that funds the [Insert Project Name] project requires 25% match for all line items with the exception of leasing. [Insert Name A] agrees to help [Insert Name B] by providing in-kind contributions of services to active participants enrolled in the [Insert Project Name] project in order for [Insert Name B] to meet their 25% match requirement. The total grant award is \_\_\_\_\_ and 25% equals \_\_\_\_\_.

12. The [Insert Name A] staff that are expected to provide these services have the following credentials:

[Insert Name A] Staff #1

 [ ]  Master’s Degree in mental health disciplines

 [ ]  Bachelor’s Degree in mental health disciplines

 [ ]  Full license to practice in Michigan

 [ ]  Limited license to practice in Michigan

 Hourly rate for services:

[Insert Name A] Staff #2

 [ ]  Master’s Degree in mental health disciplines

 [ ]  Bachelor’s Degree in mental health disciplines

 [ ]  Full license to practice in Michigan

 [ ]  Limited license to practice in Michigan

 Hourly rate for services:

[Insert Name A] Staff #3

 [ ]  Master’s Degree in mental health disciplines

 [ ]  Bachelor’s Degree in mental health disciplines

 [ ]  Full license to practice in Michigan

 [ ]  Limited license to practice in Michigan

 Hourly rate for services:

If the staffing plan changes, [Insert Name A] agrees to provide updated information to [Insert Name B] before the next quarterly report.

13. The anticipated amount of match that is expected to be provided by this partnership over the course of the grant year, August 1, 2023 to July 31, 2024, is at least $\_\_\_\_\_\_

14. If the amount of match provided through this partnership with [Insert Name A] falls short of the anticipated amount, the responsibility rests entirely with [Insert Name B] to find alternate, eligible matching funds and to communicate these changes to the Department of Housing and Urban Development (HUD) Detroit Field Office staff. [Insert Name A] bears no responsibility to HUD beyond ensuring the information they do provide to document the match is true and accurate.

15. Both parties recognize that each individual served within this project and referred to supportive services is unique in their experiences and needs. Both parties honor the rights of persons experiencing homelessness to seek and obtain all the rights and opportunities afforded to the community at large, and recognize that each individual is unique in their strengths, needs, motivations, and goals. Each party signs this agreement in the spirit of helping each individual heal from the trauma of homelessness and live their fullest lives maintaining stable housing.

**Acknowledgement**

As the authorized representative for my organization, I have read and understood this Addendum to the Memorandum of Understanding, and my signature demonstrates my agreement with the terms and conditions presented.

[Insert Name A] [Insert Name B]

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

Signature Signature

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Printed Name Printed Name

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Title Title

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

Date Date