**DATE:** Click or tap here to enter text.

**Mar-quetta Boddie, Executive Director**

**Summit County Continuum of Care**

**441 Wolf Ledges Parkway Ste 100**

**Akron, OH 44311**

**Memorandum of Understanding**

Summit County Continuum of Care (SCCoC) is the Lead agency and the Summit County Continuum of Care Board of Director’s acts as the governing body for the local CoC.

The Summit County Continuum of Care is the local planning body that coordinates housing and services funding for families and individuals. The U.S. Department of Housing and Urban Development (HUD) requires that communities receiving Federal Continuum of Care (CoC) or Emergency Solutions Grant (ESG) funding address homelessness and establish Centralized Intake (CI). The purpose of CI is to ensure that all persons experiencing homelessness are assessed and prioritized for assistance using a fair, consistent, and coordinated process. All organizations must agree to participate in an exchange of services and coordinating efforts to improve effective access to services in support of housing stability. The following outlines the roles and responsibilities of all parties who receive referrals from Centralized Intake.

**Memorandum of Understanding between YOUR AGENCY NAME and United Way of Summit-Medina for the YOUR PROGRAM NAME AND GRANT NUMBER for grant period YOUR GRANT START AND END DATES.**

This Memorandum of Understanding (MOU) sets for the terms and understanding between **YOUR AGENCY** and United Way of Summit-Medina (UWSM). United Way of Summit-Medina will provide referrals and initial assessment for the **YOUR PROGRAM NAME** program through Centralized Intake for Summit County in accordance with HUD Notice CPD-17-01.

**Background**

**YOUR AGENCY NAME** participates fully in the CoC. This participation requires the utilization of Centralized Intake. United Way of Summit-Medina operates Centralized Intake for OH-506. This partnership with UWSM, allows for full compliance with HUD and CoC requirements for assessing client eligibility, entry of client data, and quicker placement into the **YOUR PROGRAM NAME** program.

**Purpose**

This MOU will ensure **YOUR PROGRAM NAME** eligible clients will receive prompt intake assessment services and appropriate placement into the program. United Way of Summit-Medina will make referrals based upon HUD prioritization allowing for clients with the most need to be placed first. Records of client assessment and prioritization will be maintained in HMIS for access by SCCoC program partners.

The above goals will be accomplished by undertaking the following activities:

* Operation of Centralized Intake by UWSM.
* Maintenance of By-Name-Lists and applicant referrals by UWSM.
* Holding regular meetings to discuss issues or concerns with Centralized Intake by UWSC.
* **YOUR AGENCY NAME** will designate a point of contact (POC) to receive referrals from Centralized Intake via HMIS (when applicable). Additionally, the agency POC will notify Centralized Intake of open units as they become available.
* **YOUR AGENCY NAME** will attend and fully participate in all HMIS, Centralized Intake and Continuum of Care meetings scheduled.

**Funding**

This MOU is not a commitment of funds. It is a commitment to provide/receive services.

Centralized Intake Assessment and Referral by Centralized Intake Staff will provide 20 hours of work at the equivalent rate of $30.00 per hour. This amount is equivalent to $600.00 and will be used as match for grant **YOUR GRANT NUMBER** for the period from **YOUR GRANT DATES**.

Marketing and promotion of the **YOUR PROGRAM NAME** grant through Centralized Intake valued at $250.00 annually and will be used as match for grant **YOUR GRANT NUMBER** for the period from **YOUR GRANT DATES**.

**Duration**

This MOU is for the grant **YOUR GRANT NUMBER** for the period of **YOUR GRANT DATES** and will remain in effect until modified or terminated by any one of the partners by mutual consent. In the absence of mutual agreement by the authorized officials from **YOUR AGENCY NAME** and United Way of Summit-Medina this MOU shall end on **GRANT END DATE**.

**YOUR CONTACT INFORMATION**

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SIGNATURE AND TITLE OF SIGNER

 Date:

Mar-quetta Boddie

 Date:

Joseph Scalise

United Way of Summit-Medina

Director, Housing Services

37 N High Street

Akron, OH 44308