**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 HEARTH Act, enacted into law in 2009, requires that all CoC’s have a Homeless Management Information System (HMIS). The implementation of HMIS will streamline how homeless services are provided, serve as the main warehouse for client information, and function as the primary communication tool for service providers. 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 involved in the development, management, and utilization of the HMIS.

**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 training and technical assistance to coordinate the HMIS system for the **YOUR PROGRAM NAME** operated by **YOUR AGENCY NAME**.

**Background**

**YOUR AGENCY NAME** participates fully in the CoC. This participation requires the utilization of HMIS. United Way of Summit-Medina is the HMIS Lead/Administrator for this OH-506. This partnership with UWSM, allows for full compliance with HUD and CoC requirements, as well as the ease of recording client data into the **YOUR PROGRAM NAME** program.

**Purpose**

This MOU will ensure **YOUR PROGRAM NAME** receives the training, licensing, and technical assistance to utilize HMIS for collection of pertinent client data for **YOUR PROGRAM NAME** participants.

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

* Oversee the day-to-day administration of the HMIS of Akron/Summit County by UWSM
* ProvidingHMIS User training for**YOUR AGENCY NAME** employees
* Designation of a(n) **YOUR AGENCY NAME** Agency HMIS Administrator in accordance with HMIS Policies and Procedures.
* Holding regular meetings to discuss updates or concerns with HMIS by UWSM
* **YOUR AGENCY NAME** will attend and fully participate in all HMIS, Centralized Intake and Summit County Continuum of Care meetings scheduled.

**Funding**

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

HMIS Administration, by the HMIS Administrator, will provide 20 hours of work at the equivalent rate of $35.00 per hour. This amount is equivalent to $700.00 and will be used as match for grant **YOUR GRANT NUMBER** period of **YOUR GRANT DATES**.

HMIS User Training, by an HMIS Support Specialist, will provide 20 hours of work at the equivalent rate of $20.00 per hour. This amount is equivalent to $400.00 and will be used as match for grant **YOUR GRANT NUMBER** period of **YOUR GRANT DATES**.

United Way of Summit-Medina will provide HMIS User/Reporting Licenses valued at $375 for annual licensures 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**

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

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

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

Click or tap here to enter text. Date:Click or tap here to enter text.

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