



**Colorado Division of Housing**  
**Supportive Housing Program**  
**Memorandum of Understanding (MOU)**  
**Between Owner, Lead Service Provider, and In-Kind Service Provider**  
**To Provide Supportive Services to Residents**  
**Template (December 2019)**

**1. Description of Proposed Project and Contact Information (to be copied from the services plan by the project applicant)**

Property Address:	
Name of project owner and if it is an LLC, name of managing member:	
Owner's primary contact person (name, title, organization, phone number and email):	
Number of dwelling units:	
Of the total units, how many will be permanent supportive housing units:	
Of the total units, how many units will be for families:	
Of the total units, how many will be for individuals or couples:	
Of the total units, how many are projected to have project-based rent vouchers:	
Estimated date of closing construction financing (day/month/year):	
Estimated date of first occupancy (day/month/year):	



Estimated date of full occupancy (day/month/year):	
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**2. Contact Information for Lead Service Provider (to be completed by project applicant)**

The Lead Service Provider is the entity that will be primarily responsible and accountable for overall management of supportive services, whether the property owner or another entity.

Lead Service Provider’s primary contact person (name, title, phone number and email address):	
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**3. Description and Contact Information for In-Kind Service Provider (to be completed by the proposed in-kind service provider)**

This describes the entity that has agreed to provide certain in-kind supportive services to residents of the project.

Name of legal entity agreeing to provide in-kind services:	
In-Kind Service Provider’s primary contact person (name, title, phone number and email):	
Approximate number of clients served annually:	
Number of supportive housing units for which the In-Kind Service Provider currently manages services:	
Year in which the In-Kind Service Provider first provided any of the services described herein:	
The special populations served during the past three years (check-offs).	<input type="checkbox"/> Chronically homeless
	<input type="checkbox"/> Homeless veterans
	<input type="checkbox"/> Homeless families
	<input type="checkbox"/> Homeless youth



	<input type="checkbox"/> Homeless Reentry/ Justice Involved <input type="checkbox"/> Homeless with behavioral health conditions <input type="checkbox"/> Homeless with physical, developmental, or intellectual disabilities <input type="checkbox"/> Other homeless (Describe):
Describe any programs terminated or major funding reduced or lost for supportive services in the past three years:	

**4. Categories of Special Needs Households Expected to Reside in the Property (to be completed by the project applicant)**

Below are listed the special needs populations that we propose to serve and the approximate number of permanent supportive housing units that will be occupied by these populations. Recognizing that some households will fall into two or more categories, we have estimated the numbers of units based on the primary characteristics of households that we will use to identify needs for supportive housing.

Special Populations	Number of SH units	Additional explanations (as needed)
Chronically homeless		
Homeless veterans		
Homeless families		
Homeless youth		
Homeless Reentry/ Justice Involved		
Homeless with behavioral health conditions		
Homeless with physical, developmental or intellectual disabilities		
Other homeless (describe):		



Total number of SH units		
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**5. Services to Be Provided By In-Kind Service Provider (to be completed by the proposed in-kind service provider)**

<i>5.1 General Supportive Services</i>	<i>Indicate with an "X" the Services That the In-Kind Service Provider Will Provide</i>	<i>Explanations, more details, as needed</i>
Tenant orientation/move-in assistance		
Tenant's rights education/tenants council		
Case management		
Coordination of all resident services		
Psychosocial assessment		
Individualized service planning		
Individual counseling and support		
Referrals to other services and programs		
Crisis intervention		
Peer mentoring		
Support groups (list below)		
Recreational/socialization opportunities		
Legal assistance		
Transportation		
Meals		



Other nutritional services		
Emergency financial assistance (specify)		
Furnishings		
Other (specify):		

<b>5.2. Independent Living Skills</b>	<b>Indicate with an "X" the Services That the In-Kind Service Provider Will Provide</b>	<b>Explanations, more details, as needed</b>
Communication skills		
Conflict resolution/mediation training		
Personal financial management & budgeting		
Credit counseling		
Representative payee		
Entitlement assistance/benefits counseling		
Training in cooking/meal preparation		
Training in personal hygiene and self-care		
Training in housekeeping		
Training in use of public transportation		
Assistance with activities of daily living		
Other (specify):		



<b>5.3. Health/Medical Services</b>	<b>Indicate with an “X” the Services That the In-Kind Service Provider Will Provide</b>	<b>Explanations, more details, as needed</b>
Routine medical care		
Specialty medical care		
Medication management or monitoring		
Health and wellness education		
Nursing/visiting nurse care		
Home health aide services		
Personal care		
HIV/AIDS services		
Pain management		
Other (specify):		

<b>5.4. Mental Health Services</b>	<b>Indicate with an “X” the Services That the In-Kind Service Provider Will Provide</b>	<b>Explanations, more details, as needed</b>
Individual psychosocial assessment		
Individual counseling		
Group therapy		
Support groups (specify below)		
Peer mentoring/support (describe below)		
Medication management/monitoring (specify below)		
Education about mental illness		



Education about psychotropic medication		
Psychiatric assessment		
Psychiatric services (specify below)		
Liaison with psychiatrist (describe)		
Psychiatric staff (i.e. - nurse)		
Other (specify):		

<b>5.5. Substance Abuse Services</b>	<b>Indicate with an "X" the Services That the In-Kind Service Provider Will Provide</b>	<b>Explanations, more details, as needed</b>
Recovery readiness services (tenants with active addictions)		
Relapse prevention and recovery planning		
Substance abuse counseling (individual)		
Substance abuse counseling (group)		
Methadone maintenance		
Harm-reduction services (specify)		
Peer support groups (i.e. - AA/NA/CA)		
Sober recreational activities		
Detoxification treatment and in-patient rehabilitation		
Rehabilitation		
Rehabilitation program (out-patient)		
Other (specify):		



<b>5.6. Employment Services</b>	<b>Indicate with an “X” the Services That the In-Kind Service Provider Will Provide</b>	<b>Explanations, more details, as needed</b>
Job skills training (certificate programs)		
Jobs skills training (non-certificate services)		
Education		
Job readiness training: resumes, interviewing skills		
Job retention services – support, coaching		
Job development/job placement services		
Opportunities for tenants to volunteer		
Other (specify):		

<b>5.7. Services for Families</b>	<b>Indicate with an “X” the Services That the In-Kind Service Provider Will Provide</b>	<b>Explanations, more details, as needed</b>
Support group for parents		
Support group for children		
Support group for families		
Assistance in accessing entitlements (including child support)		
Parenting/child development classes		
All-day child care		
After-school care		





Temporary child care during parent's illness, detox, etc.		
Tutoring children		
Other children's services provided (specify):		
Referral to other children's services (specify):		
Domestic violence services		
Family advocacy (specify):		
Family reunification (specify):		
Other family services (specify):		

**Signatures:**

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Authorized Representative of the In-Kind Service Provider  
 Date \_\_\_\_\_

Title

\_\_\_\_\_

Authorized Representative of the Project Owner  
 Date \_\_\_\_\_

Title

\_\_\_\_\_

Authorized Representative of the Lead Service Provider  
 Date \_\_\_\_\_  
 (N/A if the Project Owner is the Lead Service Provider)

Title