# **CONTRACT ROUTING FORM**

1.	Complete the information below BEFORE printing and completing items 2 through 7. Items in red are required.  Department: Social Services  Department contract file name (use effective date): 2024 CCHA and Chatham County MOU  Project Code: Click here to enter text.		
	Contract type: MOU/MOA	Please Return Contract to:	
	Contracted Services/Goods: MOU for housing voucher referrals Contract Component: Other	Name:Jennie Kristiansen	
	Change Order Number/Addendum Number: Click here to enter text.	Email:_jennie.kristiansen@chatham	
	Vendor Name: Chatham County Housing Authority Effective Date: 11/1/2024	countync.gov	
	Approved by: Choose an item.	Special Instructions for Clerks	
	Date approved by the BOC: Click here to enter text.  Ending Date: Click here to enter a date.	Office: This is a multi-department	
	Total Amount: 0	MOU with the Housing Authority to	
		refer for specialized vouchers.	
2.	Department Head or his/her designee has read the contract in its	Total for specialized voicines.	
	entirety. By: _Jennie Kristiansen, Renita Foxx, Jason Smith(Department Head signature required)		
3.	County Attorney has reviewed and approved the contract County Attorney has reviewed and rejects the contract Reason:  This is an automatic renewal and does not require approval from the County Attorney: Yes No		
	If this box is checked the County Attorney's Office has reviewed made needed changes to protect the County because the contract i and the services required by the County are not available from and	s a sole source contract	
4.	Technical/MIS Advisor has reviewed the contract if applicable. Yes No		
5.	Vendor has signed the contract. Yes⊠ No □		
6.	A budget amendment is necessary before approval. Yes No No label N		
7.	Approval		
[	Requires approval by the BOC - contracts over \$100,000.00. Follow Board submission guidelines.		
	Requires approval by the Manager – contracts \$100,000 or less.		
8.	Submit to Clerk.		
	Clerk's Office Only		
	Finance Officer has signed the contract  The Finance Officer is not required to sign the contract		



## **Chatham County Housing Authority**

13450 U. S. Hwy 64 W. ~ P.O. Box 571 ~Siler City, North Carolina 27344 Phone 919-742-1236 ~ Fax 919-742-1099 ~ (TRS) – Dial "711"

"Building a Stronger Community One Family at a Time"

# MEMORANDUM OF UNDERSTANDING between CHATHAM COUNTY HOUSING AUTHORITY and CHATHAM COUNTY

#### Purpose

This Memorandum of Understanding (MOU) establishes the framework for a relationship between the Chatham County Housing Authority (CCHA) and Chatham County to jointly promote the Housing Choice Voucher (HCV) program while promoting self-sufficiency and upward mobility of voucher recipients.

## Background

The Housing Choice Voucher program is a federal program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. The CCHA receives funding from the U.S. Department of Housing and Urban Development (HUD) to administer the program. Voucher recipients are responsible for finding suitable housing where the owner agrees to rent under the program. All rental units must meet minimum standards of health and safety as set by the CCHA.

## **Chatham County Housing Authority**

The CCHA has been awarded regular Housing Choice Vouchers and Special Purpose Vouchers (SPVs) that provide rental assistance to specific populations. These SPVs are funded by Congress separately from the regular HCV program funding. Some examples of SPV programs include, but are not limited to, Mainstream (MS), Non-Elderly Disabled (NED), and Veterans Affairs Supportive Housing (HUD-VASH). CCHA is seeking to expand referral sources in an effort to assist more individuals and families to obtain housing through the Housing Voucher Programs.

#### Roles and Responsibilities

Chatham County Housing Authority:

- Accept direct referrals for eligible individuals and families.
- Ensure housing search and activities are offered to eligible households by either providing the services internally and/or contracting with a service provider.
- Commit resources to ensure that all voucher programs and administered in accordance with program requirements.

### Chatham County:

- Through the Department of Social Services, Diversion and Advocacy, Veteran Services and Housing & Community Development, assess and refer individuals and families to CCHA who may benefit from the housing choice voucher program.
- Support CCHA in ensuring notifications to eligible individuals and families.
- Assist individuals and families with access, review, and completion of documentation to determine eligibility and address barriers.
- Provide ongoing case management for a 12-month period to assist the family in maintaining their voucher and working through and challenges that occur.

## Terms of Understanding

The term of this MOU is for a period of one (1) year from the effective date of this MOU and may be extended upon written mutual agreement. It shall be reviewed at least quarterly (every 3 months) to ensure that it is fulfilling its purpose and to make any necessary revisions. Either party may terminate this MOU upon thirty (30) days written notice without penalties or liabilities.

#### Authorization

The signing of this MOU is not a formal undertaking. It implies that the signatories will strive to reach, to the best of their ability, the objective stated in the MOU. On behalf of the organization I represent, I wish to sign this MOU and contribute to its further development.

Dan LaMontagne

Chatham County Manager

N. Lee Staton
Executive Director

Chatham County Housing Authority

Date