

## Memorandum of Understanding

This Memorandum of Understanding (MOU) has been created and entered into on July 30, 2021.

INLIVIAN  
400 East Boulevard  
Charlotte, NC 28203

*and*

Charlotte-Mecklenburg Continuum of Care (NC-505)  
3205 Freedom Drive, Suite 2000  
Charlotte, NC 28208

This Memorandum of Understanding (MOU) is entered into as of **July 31, 2021 through December 31, 2022** between ***INLIVIAN*** (INLIVIAN) and ***the Charlotte-Mecklenburg Continuum of Care (CoC)*** hereinafter referred to jointly as the “Parties.”

This MOU is being entered into pursuant to Section (9)(b) of the U.S. Department of Housing and Urban Development’s (HUD) Notice PIH 2021-15 (HA) Emergency Housing Vouchers – Operating Requirements, issued May 5, 2021, incorporated herein by reference, which requires the Public Housing Agency (PHA), INLIVIAN, to enter into a MOU with the Continuum of Care (CoC), to establish a partnership for the administration of the HUD Emergency Housing Voucher (EHV) program. The primary responsibility of the CoC under the MOU is to make direct referrals of qualifying individuals and families to INLIVIAN. The CoC shall be responsible for determining whether the family qualifies under one of the four eligibility categories for EHV’s. Eligible populations include the following, as defined in PIH Notice 2021-14.

1. Individuals or families who are homeless.
2. Individuals or families who are at-risk of homelessness.
3. Individuals or families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or human trafficking.
4. Individuals or families who are recently homeless.

I. Introduction and Goals-The purpose of this MOU is to set forth the understanding of the Parties to commit to administering the HUD-funded EHV program.:

- a. Goals and standards of success in administering the program:

- Provide safe and stable housing to 178 individuals and families meeting the eligibility criteria.
  - Develop and implement an appropriate menu of supportive services to assist individuals and families who receive EHV's to maintain safe and stable housing.
  - Develop and implement a coordinated communication strategy to engage landlords, service providers, people with lived homeless experience, government partners and advocates.
  - Streamline and expedite eligibility screening and lease up process in order to move individuals and families receiving EHV's into housing as quickly as possible.
  - Streamline the CoC's Coordinated Assessment so that individuals and families who qualify are matched to EHV's as quickly as possible.
  - Develop and implement a process by which individuals and families who qualify for EHV's on INLIVIAN's waitlist are added to the By Name List in order to be matched and prioritized for EHV's alongside individuals and families experiencing homelessness already known to the CoC.
  - Develop and implement a process by which individuals and families who qualify for EHV's who are survivors of domestic violence can be matched and prioritized for EHV's alongside individuals and families experiencing homelessness in a way that protects confidentiality and personal identifying information, consistent with the requirements of VAWA. This includes INLIVIAN's pool of eligible survivors not already known to the CoC.
  - Develop and implement a process by which all recipients of EHV's are reported to the CoC for inclusion in all system level reporting projects.
- b. PHA goals and standards of success in administering the program.
- c. Identification of staff position at INLIVIAN and CoC who will serve as the lead EHV liaisons.

Lead INLIVIAN Liaisons:

- Kimberley Cole, Executive Vice President, Administrative Operations – INLIVIAN
- Timica Melvin, Senior Vice President, Housing Choice Voucher Program - INLIVIAN

Lead CoC Liaisons:

- Erin Nixon, Sr. Social Services Manager – Continuum of Care
- Branden Lewis, Management Analyst – Continuum of Care

## II. Services to be provided to eligible EHV families

1. Partnering service providers will support individuals and families in completing applications and obtaining necessary supporting documentation to support referrals and applications for assistance, while aiding households in addressing barriers.
2. Partnering service providers will support INLIVIAN in ensuring appointment notifications are communicated to eligible individuals and families and will assist eligible households attend meetings (in-person or virtual) with INLIVIAN.
3. INLIVIAN will establish windows of time for EHV applicants to complete intake interviews for EHV.
4. Partnering service providers will provide housing search assistance for eligible individuals and families.
5. Partnering service providers will provide counseling on compliance with rental lease requirements.
6. Partnering service providers will assess individuals and families who may require referrals for assistance on security deposits, utility hook-up fees, and utility deposits.
7. Partnering service providers will assess and refer individuals and families to benefits and supportive services, where applicable.

## III. INLIVIAN Roles and Responsibilities

1. Coordinate and consult with the CoC in developing the services and assistance to be offered under the EHV services fee.
2. Accept direct referrals for eligible individuals and families through the CoC Coordinated Entry System.
3. Commit a sufficient number of staff and necessary resources to ensure that the application, certification, and voucher issuance processes are completed in a timely manner.
4. Commit a sufficient number of staff and resources to ensure that inspections of units are completed in a timely manner.
5. Designate staff to serve as the lead EHV liaison.
6. Comply with the provisions of this MOU.

## IV. CoC Roles and Responsibilities

1. Designate and maintain a lead EHV liaison to communicate with the PHA.
2. Refer eligible individuals and families to PHA using the community's coordinated entry system.

3. Support eligible individuals and households in completing and applying for supportive documentation to accompany admissions application to the PHA (i.e. self-certifications, birth certificate, social security card, etc.).
4. Attend EHV participant briefings when needed.
5. Assess all households referred for EHV for mainstream benefits and supportive services available to support eligible individuals and families through their transition.
6. Identify and connect EHV families to available supportive services as resources allow. (While EHV participants are not required to participate in services, the CoC should assure that services are available and accessible.)
7. Comply with the provisions of this MOU.

#### V. Program Evaluation


The parties agree to cooperate with HUD in order to Provide requested data to HUD or a HUD-approved contractor delegated the re responsibility of program evaluation protocols, including possible random assignment procedures.

#### VI. Term, Modification, and Termination

- a. Initial Term. Unless otherwise terminated pursuant to the terms of this Section, this Agreement will commence on the Effective Date and will continue in full force and effect until September 30, 2023, unless the Agreement is terminated prior to that date in the manner hereinafter provided.
- b. Amendment or Modification. This Agreement may be amended or modified at any time by written agreement of the Parties. No supplement, modification, waiver, or termination of this Agreement or any provision hereof shall be binding unless executed in writing by both Parties to this Agreement.
- c. Termination for Cause. A Party may terminate this Agreement upon the other party's failure to perform any terms, covenants or conditions in this Agreement if not remedied within thirty (30) days after receipt of written notice by the non-breaching party; or
- d. Termination Without Cause. Notwithstanding any other terms and conditions hereunder, this Agreement may be terminated at any time by either Party by written notice to the other Party at least sixty (60) days.

IN WITNESS WHEREOF, the undersigned have executed this Agreement as of the day and year first written above. The parties hereto agree that scanned signatures shall be as effective as if originals.

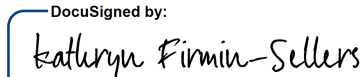
Signed by

DocuSigned by:  
  
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7/29/2021

A. Fulton Meachem, Jr.  
President/Chief Executive Officer  
INLIVIAN

Date

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7/27/2021

Kathryn Firmin-Sellers  
CoC Governing Board Chair

Date

Attachment 3 - Example of a Homeless Provider’s Certification

**Emergency Housing Voucher (EHV)**

**HOMELESS CERTIFICATION**

EHV Applicant Name: \_\_\_\_\_

Household without dependent children (complete one form for each adult in the household)

Household with dependent children (complete one form for household)

Number of persons in the household: \_\_\_\_\_

**This is to certify that the above named individual or household meets the following criteria based on the check mark, other indicated information, and signature indicating their current living situation-**

**Check only one box and complete only that section**

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**Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)**

The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or campground.

Description of current living situation:

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

Homeless Street Outreach Program

Name: \_\_\_\_\_

*This certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.*

Authorized Agency Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Living Situation: Emergency Shelter**

The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

Emergency Shelter Program Name:

\_\_\_\_\_

*This emergency shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g., newly established Emergency Shelter).*

Authorized Agency Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

**Living Situation: Recently Homeless**

The person(s) named above is/are currently receiving financial and supportive services for persons who are homeless. Loss of such assistance would result in a return to homelessness (ex. Households in Rapid Rehousing Programs, residents of Permanent Supportive Housing Programs participating in Moving On, etc.)

Authorized Agency Representative Signature:

\_\_\_\_\_

*This referring agency must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory.*

Immediately prior to entering the household's current living situation, the person(s) named above was/were residing in:

emergency shelter OR  a place unfit for human habitation

Authorized Agency Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Attachment #4 Example of a Victim Services Provider's Certification

**Emergency Housing Voucher (EHV)**

**SAMPLE HUMAN TRAFFICKING CERTIFICATION**

**Purpose of Form:**

The Victims of Trafficking and Violence Protection Act of 2000 provides assistance to victims of trafficking making housing, educational health care, job training and other Federally-funded social service programs available to assist victims in rebuilding their lives.

**Use of This Optional Form:**

In response to this request, the service provider may complete this form and submit it to the Public Housing Agency (PHA) to certify eligibility for EHV assistance.

**Confidentiality:** All information provided to the service provider concerning the incident(s) of human trafficking shall be kept confidential and such details shall not be entered into any shared database. Employees of the PHA will not have access to these details, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

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**TO BE COMPLETED ON BEHALF OF HUMAN TRAFFICKING SURVIVOR**

EHV Applicant Name: \_\_\_\_\_

**This is to certify that the above named individual or household meets the definition for persons who are fleeing or attempting to flee human trafficking under section 107(b) of the Trafficking Victims Protection Act of 2000.**

Immediately prior to entering the household's current living situation, the person(s) named above was/were residing in:

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



This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual(s) named above is/has been a victim of human trafficking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

**Authorized Agency Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_