**DELAWARE STATE HOUSING AUTHORITY
MEMORANDUM OF UNDERSTANDING
PROVISION OF SOCIAL SERVICES**

 (or substantially similar agreement to be included with exhibit 38 for each service claimed)

By and between: ***Enter Owner Name*** ("Owner") and ***Enter Service Provider Name*** ("Provider") on this date, Click here to enter text..

Whereas, Owner is proposing the development of: ***Insert brief Project Description*** (the "Development");

Whereas, Provider is experienced in the delivery of certain social services: ***Insert Provider area of expertise***;

Whereas, In preparation for application for Funding, Owner has prepared a plan for the provision of certain social services to the Development's residents (the "Social Services Plan");

Whereas, Owner and Provider desire to enter into a contract for the provision of social services to the residents of the Development (the "Social Services Contract");

Whereas, Final execution of a Social Services Contract is contingent upon Owner receiving certain funding for the Development: ***Insert list of required funding*** (the "Funding");

In exchange for mutual promises, Owner and Provider agree as follows:

Provider agrees:

* Upon award of the Funding, to enter into the Social Services Contract to provide the following (the "Services"):
	+ Services;
	+ Services;
	+ Services.
* It has read and understands the Owner's Social Services Plan and the Services are in compliance with and contribute to the Social Services Plan;
* The Social Services Contract will stipulate that Services will be affordable, appropriate, available, and accessible, to Development residents;
* The Social Services Contract will stipulate that at least 2 hours of Services will be provided to the Development’s residents in every calendar quarter for a total of 8 hours per year;
* Not to discriminate on the grounds of race, color, sex, disability, age, or national origin.

Owner agrees:

* Upon award of the Funding, to enter into the Social Services Contract to pay Provider $ Click here to enter text. per year for the Services;
* To give Provider notice within ten (10) business days of Owner receiving notice of award or failure to obtain award for each source of Funding;
* The Social Services Contract will require Owner to provide appropriate space to carry out the Services;
* Not to discriminate on the grounds of race, color, sex, disability, age, or national origin.

Owner Contact Information:

Click here to enter text.

Provider Contact Information:

Click here to enter text.

Signed on this date, Click here to enter text.:

|  |  |
| --- | --- |
| Owner: | Provider: |
| By: | By: |
| Name: | Name: |
| Title: | Title: |