

## SOMERVILLE HOUSING AUTHORITY

30 Memorial Road, Somerville, Massachusetts 02145 Telephone (617) 625-1152 Fax (617) 628-7057 TDD (617) 628-8889

April 14, 2021

Gregory Jenkins, Executive Director Somerville Arts Council 50 Evergreen Ave. Somerville, MA 02145

## Notice of Award

Dear Mr. Jenkins,

Congratulations! The Somerville Arts Council's Mystic Mural Program proposal for the Somerville Housing Authority's Provider Grant Award has been approved in the amount of: \$3,000.00.

If your organization agrees to these terms of the FY 2021-2022 Provider Grant Memorandum of Understanding (MOU), as attached; please sign and return this MOU via email before April 30<sup>th</sup>, 2021.

A special note of sincere gratitude for your continued commitment to improve the lives of children and families here at Mystic, at Clarendon, and within the City of Somerville and beyond.

In what was a challenging year, it was a pleasure to know your work on behalf of our families, and it will be our sincerest pleasure to continue our partnership and strengthen it.

Kind regards, always,

Shannon Bennett

Director of Resident Services Somerville Housing Authority

617-625-1152 x 323 | Shannonb@sha-web.org

CC: Joseph Macaluso Executive Director

Somerville Housing Authority

617-625-1152 x 349 | JosephM@sha-web.org

Translation and interpretation services are available upon request by appointment only Sevis tradiksyon ak intepretasyon disponib si w bezen

Servicio de traducción e intepretación estan disponibles, con cita, una vez que lo solicite Serviço de tradução e interpretação estão disponíveis somente após agendamento



## FY 2021-2022 Provider Grant Award Memorandum of Understanding

This Memorandum of Understanding (MOU) outlines the agreement between the Somerville Housing Authority (Grantor) and the Somerville Arts Council. This agreement is to provide services for residents of SHA properties. In order to remain in compliance with this award the Somerville Arts Council must adhere to the following guidelines:

- Attendance at the quarterly Provider's meeting is mandatory. A representative from your agency must be present at each meeting.
- Grants will be awarded for Somerville Housing Authority's fiscal year: April 1, 2021 thru March 31, 2022. Please note, grant awards are distributed on a reimbursement basis for accrued expenses related to the funded program. Only activities that take place during the awarded FY will be reimbursed.
- Quarterly submissions will be reviewed by SHA for accuracy and eligibility of costs in a timely manner
  provided the quarterly submission is complete and incorporates all relevant explanatory materials and
  data. All information in the quarterly report should pertain to activities in that quarter.
- Required Reporting Information: Grantee must submit a list of SHA residents participating in the awarded program or service. Persons receiving services MUST be identifiable as a SHA residents by address or Head of Household. Supporting documentation required, i.e. sign in sheet showing resident participation, application for services or certificates of program completion. PLEASE NOTE: A quarterly report of activities MUST be submitted, even if Grantee is not requesting reimbursement.

· Reporting deadlines are as follows:

| Quarter     | Period of Activities | <b>Due Dates</b> |  |
|-------------|----------------------|------------------|--|
| 1st Quarter | April 1 - June 30    | July 31          |  |
| 2nd Quarter | July 1 - Sept 30     | October 31       |  |
| 3rd Quarter | October 1 - Dec 31   | January 31       |  |
| 4th Quarter | January 1 - March 31 | March 31         |  |

- All invoices and reports must be submitted by email to: <a href="mailto:shannonb@sha-web.org">shannonb@sha-web.org</a>.
- No invoices for FY 2021-2022 will be accepted after 30 days after the end of the Fiscal Year. Any
  remaining funds will be retained by Somerville Housing Authority.

This MOU shall be in effect from April 1, 2021 and shall end on March 31, 2022. This MOU may be terminated prior to the effective end date upon the full written approval of all the partners.

| Grantor:            |                    | Grantee:            |  |
|---------------------|--------------------|---------------------|--|
| Signed:             | Joseph R. Macabaux | Signed:             |  |
| Name:(Please Print) | Joseph Macaluso    | Name:(Please Print) |  |
| Dated:              | 4/20/21            | Dated:              |  |