



Affordable Housing Program Memorandum of Understanding

To receive empowerment services points, projects are required to provide a memorandum of understanding (MOU) for each empowerment activity that the project will offer to residents.

Each MOU must be completed and executed by the project sponsor and services provider (if applicable) and submitted with supporting documentation at the time of application.

Sponsor and service provider (if applicable) certify that the provision of the empowerment service identified in this MOU will meet FHLBD requirements.

Project Information

Project Name:

Sponsor:

Empowerment Activity:

Organizational Information for Service Provider

Name of Service Provider:

City:

State:

Zip:

Is there an affiliate relationship between sponsor and service provider:

If yes, please explain:

Describe service provider's experience and history with providing the specific service, including the number of years and in what geographic area(s) the service has been provided:

Service Provision

Services should be made accessible and attractive to all AHP-assisted households. Proposed services must be appropriate for the target population of project. Answer the following questions with information on the specific service.

How will households be informed of and engaged in the service being offered?:

What type of documentation will be available to FHLBD to evidence that service(s) are available and have been offered? Select all that apply:

- Marketing Materials
- Service Agreements
- Sign in sheets or log books
- Payment documentation for services delivered
- Other (describe below)

Where will the service be provided?

Describe how the services will be made attractive and accessible to residents, including days and times of service provision:

How often will service be provided?

Provide additional explanation as necessary:

Describe the content and/or curriculum of the service:

Agreement to Provide Services

The intent to provide the above-outlined programs and/or services is hereby affirmed and agreed to by the AHP Project Sponsor and Service Provider Organization (if applicable).

AHP Sponsor Signature

Service Provide Signature

Printed Name/Title

Printed Name/Title

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)