

INSTRUCTIONS: **EXAMPLE MATCH and LEVERAGE** (Template letters using your agency's letterhead)

Match/Leverage is the amount above and beyond what the HUD CoC grant reimburses. In addition to the 25% required Match, a significant Leverage amount (125% or more) will help the VT Balance of State Continuum of Care be competitive (keep/increase HUD funds), especially if applying for a new CoC project.

MATCH and LEVERAGE amounts can be put in the same letter and may be one or both of the following:

- 1) **Cash** = funds directly received by Sponsor/Subrecipient - grant, donations/fundraising, etc.
- 2) **In-Kind** = services or donations provided by other entities (VT Medicaid); needs documentation of MOU.

**MATCH** = 25% is the required *minimum threshold* that must be used to support all CoC grants; the Match amount must pay for an eligible service (see examples below); and only the 25% Match, not Leverage, must be tracked/documented/reported (i.e. *APR services match letter* and kept in file records for 5 years).

**LEVERAGE** = any amount *over the 25%* minimum Match provided to the CoC project from eligible costs AND/OR non-eligible additional costs (goods/services) that also help participants.

*\*Mental Health Agencies with access to bill VT Medicaid are considered an "In-Kind service" with VSHA Sponsor Agreements counting as a MOU. As service amounts vary per client, please provide a match/leverage commitment amount that would equal the maximum amount of **services dollars** provided to the maximum number of **clients** your agency could possibly serve during the year under the specific program. Your agency is not required to set aside the match/leverage amount as long as you have sufficient access to bill VT Medicaid.*

**Eligible Costs for Match/Leverage:**

- Outreach and Assess Service Needs
- Moving Costs and/or Utility Deposits
- Case Management
- Child Care and/or Legal Services
- Education Services
- Employment Assistance & Job Training
- Transportation and/or Food
- Housing Search & Counseling Services
- Life Skills Training
- Mental Health Services
- Outpatient Health Services
- Substance Abuse Treatment Services

**Additional Eligible Costs for Match/Leverage:**

- **NEW**-Program Income (i.e. *participant rent contributions in CoC Transitional Housing projects*) can now be counted as match for FY2015 & FY2016 CoC Program awards, so long as the funds are expended on eligible CoC Program costs that supplement the project
- Furniture; Maintenance/Repair of Housing; Equipment; Security for housing (>50% of units or paid with grant funds); Utilities including electricity, gas, heating oil or other heating/cooling costs, and water; Staff time and related overhead costs to carrying out these operating activities
- Purchasing or leasing computer hardware, software and/or software licenses; Leasing office space, equipment, furniture and utilities for HMIS activities; Salaries, operating costs, and duties as required to operate an HMIS; Trainings related to the use of HMIS; Reporting to CoC on HMIS
- General management; oversight and coordination such as preparing budgets; monitoring compliance; evaluating program results; costs of providing or attending trainings on CoC requirements

**WHAT IS NOT MATCH OR LEVERAGE?**

- Cash or any in-kind contributions used as match for another grant/otherwise obligated.
- Cash or any in-kind statutorily prohibited as match (e.g. CoC funds can't match other CoC funds).
- Savings or benefits that belong to program participants, not the recipient/subrecipient.

# Example-CASH LETTER

[YOUR AGENCY LETTERHEAD HERE]

July 20, 2016

To Vermont State Housing Authority/CoC Project Applicant:

Please accept this letter as certification that **YOUR AGENCY NAME HERE** commits to providing the following otherwise non-obligated, eligible match and leverage support for the entire duration of the grant term for the following CoC project as part of the *FFY2016 HUD CoC Program Notice of Funding Availability*.

PROJECT NAME: VSHA Shelter+Care Statewide Program (VSHA S+C SW FY16/VT0024)

GRANT TERM: June 1, 2017 - May 31, 2018

PROJECT APPLICANT: Vermont State Housing Authority

ELIGIBLE COC ACTIVITIES -**Services**- FUNDED BY CASH SOURCE BELOW (*check all that apply*):

- |   |   |
|---|---|
| <input type="checkbox"/> Outreach and Assess Service Needs    | <input type="checkbox"/> Transportation and/or Food           |
| <input type="checkbox"/> Moving Costs and/or Utility Deposits | <input type="checkbox"/> Housing Search & Counseling Services |
| <input type="checkbox"/> Case Management                      | <input type="checkbox"/> Life Skills Training                 |
| <input type="checkbox"/> Child Care and/or Legal Services     | <input type="checkbox"/> Mental Health Services               |
| <input type="checkbox"/> Education Services                   | <input type="checkbox"/> Outpatient Health Services           |
| <input type="checkbox"/> Employment Assistance & Job Training | <input type="checkbox"/> Substance Abuse Treatment Services   |

ADDITIONAL ELIGIBLE COC ACTIVITIES FUNDED BY CASH SOURCE BELOW (*check all that apply*):

- HMIS** activities (license, data entry, etc.)    **Program Income** (Participants Rent Contributions, etc.)  
 Project **Administration** & General **Management** (supervision, planning, budgeting, trainings, direct program meetings, etc.)    Building **Operations** (taxes, insurance, utilities, maintenance, reserves, security, etc.)

OTHER ACTIVITIES (*Leverage-only*): \_\_\_\_\_

CASH SOURCES/AMOUNTS (ex. Federal/State/Town grant, private donations, fundraising, etc.):

- |                  |                              |               |
|------------------|------------------------------|---------------|
| 1. Source: _____ | Government or Private: _____ | Amount: _____ |
| 2. Source: _____ | Government or Private: _____ | Amount: _____ |
| 3. Source: _____ | Government or Private: _____ | Amount: _____ |
| 4. Source: _____ | Government or Private: _____ | Amount: _____ |

TOTAL CASH AMOUNT: \_\_\_\_\_

The above TOTAL CASH amount commitment includes \$ **ADD "MATCH CHART" AMOUNT HERE** MATCH and \$ \_\_\_\_\_ LEVERAGE.

Sincerely,

**ADD AUTHORIZED AGENCY SIGNER NAME HERE**

Executive Director **OR** CFO

## Example-IN-KIND SERVICES LETTER

[YOUR AGENCY LETTERHEAD HERE]

July 20, 2016

To Vermont State Housing Authority/CoC Project Applicant:

Please accept this letter as certification that **YOUR AGENCY NAME HERE** commits to providing the following otherwise non-obligated, eligible match and leverage support for the entire duration of the grant term for the following CoC project as part of the FFY2016 HUD CoC Program Notice of Funding Availability.

The delivery of services to project participants will be documented and agreed upon in the terms of a Memorandum of Understanding (S+C Sponsor Agreement) between the Sponsor/Provider and VSHA.

PROJECT NAME: *VSHA Shelter+Care Statewide Program (VSHA S+C SW FY16/VT0024)*

GRANT TERM: *June 1, 2017 - May 31, 2018*

PROJECT APPLICANT: *Vermont State Housing Authority*

ELIGIBLE COC ACTIVITIES -**Services**- FUNDED BY CASH SOURCE BELOW (*check all that apply*):

- Outreach and Assess Service Needs
- Moving Costs and/or Utility Deposits
- Case Management
- Child Care and/or Legal Services
- Education Services
- Employment Assistance & Job Training
- Transportation and/or Food
- Housing Search & Counseling Services
- Life Skills Training
- Mental Health Services
- Outpatient Health Services
- Substance Abuse Treatment Services

ADDITIONAL ELIGIBLE COC ACTIVITIES FUNDED BY CASH SOURCE BELOW (*check all that apply*):

- HMIS** activities (license, data entry, etc.)
- Program Income** (Participants Rent Contributions, etc.)
- Project **Administration** & General **Management** (supervision, planning, budgeting, trainings, direct program meetings, etc.)
- Building **Operations** (taxes, insurance, utilities, maintenance, reserves, security, etc.)

OTHER ACTIVITIES (*Leverage-only*): \_\_\_\_\_

Services will be provided by a [**INSERT JOB TITLES HERE**] with an average hourly cost of [**INSERT TOTAL COMPENSATION HOURLY RATE HERE** – *note volunteer hours should be calculated at \$10/hour*].

IN-KIND SOURCES/AMOUNTS (*ex. VT DMH Medicaid, VT DCF Reach-Up, HHS-VCRHYP Medicaid, etc.*):

5. Source: \_\_\_\_\_ Government or Private: \_\_\_\_\_ Amount: \_\_\_\_\_
6. Source: \_\_\_\_\_ Government or Private: \_\_\_\_\_ Amount: \_\_\_\_\_
7. Source: \_\_\_\_\_ Government or Private: \_\_\_\_\_ Amount: \_\_\_\_\_
8. Source: \_\_\_\_\_ Government or Private: \_\_\_\_\_ Amount: \_\_\_\_\_

TOTAL CASH AMOUNT: \_\_\_\_\_

The above TOTAL CASH amount commitment includes \$ **ADD "MATCH CHART" AMOUNT HERE** MATCH and \$ \_\_\_\_\_ LEVERAGE.

Sincerely,

**ADD AUTHORIZED AGENCY SIGNER NAME HERE**

Executive Director **OR** CFO

# Example-IN-KIND DONATIONS LETTER

[YOUR AGENCY LETTERHEAD HERE]

July 20, 2016

To Vermont State Housing Authority/CoC Project Applicant:

Please accept this letter as certification that **YOUR AGENCY NAME HERE** commits to providing the following otherwise non-obligated, eligible match and leverage support for the entire duration of the grant term for the following CoC project as part of the *FFY2016 HUD CoC Program Notice of Funding Availability*.

The delivery of services to project participants will be documented and agreed upon in the terms of a Memorandum of Understanding (*S+C Sponsor Agreement*) between the Sponsor/Provider and VSHA.

PROJECT NAME: VSHA Shelter+Care Statewide Program (VSHA S+C SW FY16/VT0024)

GRANT TERM: *June 1, 2017 - May 31, 2018*

PROJECT APPLICANT: *Vermont State Housing Authority*

ELIGIBLE COC ACTIVITIES -**Services**- FUNDED BY CASH SOURCE BELOW (*check all that apply*):

- Outreach and Assess Service Needs
- Moving Costs and/or Utility Deposits
- Case Management
- Child Care and/or Legal Services
- Education Services
- Employment Assistance & Job Training
- Transportation and/or Food
- Housing Search & Counseling Services
- Life Skills Training
- Mental Health Services
- Outpatient Health Services
- Substance Abuse Treatment Services

ADDITIONAL ELIGIBLE COC ACTIVITIES FUNDED BY CASH SOURCE BELOW (*check all that apply*):

- HMIS** activities (license, data entry, etc.)
- Program Income** (Participants Rent Contributions, etc.)
- Project **Administration** & General **Management** (supervision, planning, budgeting, trainings, direct program meetings, etc.)
- Building **Operations** (taxes, insurance, utilities, maintenance, reserves, security, etc.)

OTHER ACTIVITIES/DONATIONS (*Leverage-only*)-Item x Quantity x Comparable/Market Value:

1. Item-\_\_\_\_\_ Quantity-\_\_\_\_\_ Comparable/Market Value- \$ \_\_\_\_\_
2. Item-\_\_\_\_\_ Quantity-\_\_\_\_\_ Comparable/Market Value- \$ \_\_\_\_\_
3. Item-\_\_\_\_\_ Quantity-\_\_\_\_\_ Comparable/Market Value- \$ \_\_\_\_\_
4. Item-\_\_\_\_\_ Quantity-\_\_\_\_\_ Comparable/Market Value- \$ \_\_\_\_\_
5. Item-\_\_\_\_\_ Quantity-\_\_\_\_\_ Comparable/Market Value- \$ \_\_\_\_\_

TOTAL IN-KIND DONATION AMOUNT: \_\_\_\_\_

The above TOTAL IN-KIND DONATION amount commitment includes \$ **ADD "MATCH CHART" AMOUNT HERE** MATCH and \$ \_\_\_\_\_ LEVERAGE.

Sincerely,

**ADD AUTHORIZED AGENCY SIGNER NAME HERE**

Executive Director **OR** CFO