

Appendix B: Community Service Providers Agreement

The Minnesota Department of Veterans Affairs (MDVA or State) Stable Housing Initiatives Office provides this Agreement for Community Service Providers (CSPs) to understand and agree to the following requirements that must be met in order for eligible temporary housing for Veterans and former service members to be reimbursed by the MDVA. Reimbursements are contingent upon:

- A. CSP agreeing to this Agreement and continuing to meet all Veterans Temporary Emergency Housing Voucher Program (VTEMP or Program) requirements;
- B. The individual Veteran's or former service member's signing of the VTEMP Program Requirements for Veterans and former service members Agreement; and continuing to follow applicable Program rules and requirements;
- C. The MDVA will not reimburse the CSP for any additional housing costs incurred beyond the date of an exit or 24 hours beyond date of lease signing, whichever is less, from the housing unit and discharge from the VTEMP Program; and
- D. Availability of funds from the appropriation that funds this Program (more details are available in the Veterans Temporary Emergency Housing Voucher Program Overview).

If your organization has questions about Program limits or the requirements that must be met to qualify for reimbursements for housing provided to Veterans or former service members by your organization, please contact the MDVA Stable Housing Initiatives Team at homelessprograms.mdva@state.mn.us

Agreement to terms

As a CSP, you acknowledge you have read and understand the **Community Service Providers Agreement (i.e., this Appendix B)** and agree to all terms and requirements herein, in addition to all terms and requirements in the VTEMP Program Guide, and that you will follow all VTEMP Program parameters and requirements and comply with any and all applicable federal, state, and local laws, ordinances, rules, and regulations.

For questions, email the MDVA Stable Housing Initiatives Team at homelessprograms.mdva@state.mn.us

Organization Name

Authorized Representative (Signature)

Date

Authorized Representative (Print)

Email Address

Phone Number