CoC NY-511: Binghamton/Uniontown, Binghamton, Chenango, Cortland, Delaware, Otsego, & Tioga Counties

Memorial Fund Policy

# Purpose

The MemorialFund – established in 2019 – is dedicated to ensuring no persons facing a housing crisis within CoC NY-511 are left without resources regardless of fiscal limitations within program policies or grant funding. The fund’s goal is to provide financial assistance for presenting needs not otherwise eligible or available within existing procurement streams to agencies serving individuals and families who are experiencing or have experienced homelessness. Participating agencies provide temporary and/or permanent housing assistance and strive to address other unmet needs such as food, clothing, hygiene, household wares, and transportation.

This policy describes how CoC NY-511 may support participating agencies through the *Memorial* Fund by approving financial assistance requests.

# Scope

* This policy applies to the full geographic region of CoC NY-511 – currently Broome, Chenango, Cortland, Delaware, Otsego, and Tioga Counties.
* The *Memorial* Fund may be accessed by CoC Member or Key Partner agencies as evidenced by a current signed *STHC Membership-Key Partner Registration Form.*
* The *Memorial* Fund may be accessed on behalf of program participants who meet the criteria of HUD’s *At Risk of homelessness* or *Homeless* definitions (Categories 1,2, or 4) per [24 CFR Part 578.3](https://www.law.cornell.edu/cfr/text/24/578.3)
* The *Memorial* Fund may be used to support activities not otherwise eligible or available within existing procurement streams.

# Responsibilities and Requirements

## Participating Agencies

* Verify *At Risk of homelessness/Homeless* status of the household for whom assistance is being requested in accordance with agency policies and program requirements
* Verify resources are not otherwise available within CoC NY-511 to support the presenting need for which assistance is being requested
* Send requests for assistance using the application on page 3 of this policy to the Treasurer and Secretary of the Board by the 5th of the month. Submittals will be reviewed by the Board of Directors during monthly meetings. If approved, payment will be prepared and issued within five business days. A receipt of purchase should be submitted to the Treasurer of the Board by the 5th of the following month.

All submittals must include the following information:

* Name and location of participating agency
* Statement of the presenting need and amount of financial assistance requested
* Statement demonstrating efforts to access available resources and the presenting need’s ineligibility/unavailability within existing procurement streams

## Board of Directors

* Announce availability and requirements of *Memorial* Fund assistance
* Review requests from participating agencies, ensuring CoC Member/Key Partner status, ineligibility/unavailability of resources within CoC NY-511 to support presenting needs, demonstrated effort, and reasonableness of requests
* Report approved assistance at monthly CoC meetings

***Memorial* Fund Application**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CoC NY-511 Member/Key Partner? \_\_\_\_\_ Yes \_\_\_\_\_ No

Amount of Financial Assistance Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statement of Presenting Need: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Effort(s) Made to Access Available Resources & Outcome(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date Reviewed by STHC Board of Directors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved? \_\_\_\_\_ Yes \_\_\_\_\_ No

If “No” – Board Reasoning for Request Rejection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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