

## **Attachment E: Partnership Letter of Commitment Template**

### Instructions:

1. If Resident Empowerment Services are being provided by an organization other than the sponsor, the Partnership Letter of Commitment Template must be executed and attached to the application.
2. This form must be on the letterhead of the partner organization(s) providing the Resident Empowerment Service(s).
3. This must be dated within six months of the opening of the BHRI funding round.
4. The Letter of Commitment must list all services to be offered to all residents.
5. Both the Applicant and the service provider(s) must sign, each with handwritten signatures.
6. Basic referral services, including those provided by a resident service coordinator, will not be eligible for points. However, if utilizing a Resident Service Coordinator to provide one or more of the eligible Resident Empowerment Services, identify the service(s) and the coordinator as the provider and execute either Letter of Commitment, as appropriate.
7. **Incomplete, unsigned, or inadequate handwritten signatures as determined at the sole discretion of Housing Resources Commission will not be accepted.**
8. For more information, please contact Raymond Neirinckx at 222-4893.

[Letterhead of the organization/agency providing the services]

[Insert date- must be within six months of the opening of the BHRI funding round]

Housing Resources Commission  
One Capitol Hill, 3rd Floor  
Providence, RI 02908

**Re: Resident Empowerment Services for [Insert name of Project]**

On behalf of [Insert name of organization providing services], this letter of commitment is being executed to offer the following Resident Empowerment Services to all residents of the above referenced project. Resident Empowerment Services are services which offer workforce readiness, homeownership readiness and sustainability, self-sufficiency services, or healthcare services. The services to be offered are:

- [Insert name and description of service] DESCRIPTION MUST STATE: (1) Brief description of service; (2) This Service will be offered to ALL residents and available within six months of project completion.
- [Insert name and description of EACH ADDITIONAL SERVICE]

On behalf of our organizations, we hereby agree to the above:

Sign letter- (***HANDWRITTEN SIGNATURE ONLY HERE***)

INSERT NAME [must be someone authorized to make the commitment on behalf of the partner]

INSERT TITLE

INSERT SERVICE PROVIDER ORGANIZATION NAME

Sign letter- (***HANDWRITTEN SIGNATURE ONLY HERE***)

INSERT NAME [must be someone authorized to make the commitment on behalf of the applicant]

INSERT TITLE

INSERT SPONSOR ORGANIZATION NAME