

**30% INCOME CONTRIBUTION/  
FAIR MARKET RENT FOR EMERGENCY SHELTER ALLOWANCE  
DISTRICT PARTNERSHIP AGREEMENT**

<b>Date:</b>	<b>Partnership Effective Date:</b>
<b>District Name:</b>	<b>Partner Name:</b>
<b>District Contact Person:</b>	<b>Partner Contact Person:</b>
<b>Telephone Number:</b>	<b>Telephone Number:</b>
<b>E-mail:</b>	<b>E-mail:</b>

- 1) What is the estimated number of applicants/recipients that will be assisted under this partnership?  
\_\_\_\_\_
- 2) How will the applicants/recipients be identified to participate in this Plan?  
\_\_\_\_\_
- 3) How will these cases be tracked?  
\_\_\_\_\_
- 4) How will the payments be made?  
\_\_\_\_\_
- 5) If the partner assumes the payments, how will they be guaranteed for the lifecycle of the case?  
\_\_\_\_\_
- 6) How will the district maintain documentation of the cases covered under this partnership?  
\_\_\_\_\_
- 7) What length of time will the Partnership use to determine if Medicaid/Health Care savings are realized?  
(ex. 6 months, 12 months, 24 months)  
\_\_\_\_\_
- 8) If Medicaid and Health Care savings are realized, please discuss the steps that will be taken for the partner to assume the payments?  
\_\_\_\_\_
- 9) Will the district or partner(s) provide outreach to inform eligible applicants/recipients?  
\_\_\_\_\_

To participate in this partnership, a district must opt into the 30% income contribution and/or FMR for ESA. In doing so, districts are required to provide OTDA with quarterly data concerning the 30% income contribution and/or FMR for ESA. Once a partnership is established, a district is required to provide OTDA with quarterly data concerning the partnership regarding:

- The number of individuals the partnership is supplementing with their funds.
- The number of individuals that are budgeted using FMR for ESA which the partnership is assisting.
- The number of individuals that are budgeted using the 30% income contribution calculation which the partnership is assisting.

- The actual rent amount and supplement amount for each household participating in the 30% income contribution and/or FMR for ESA. Any changes to the rent amount or supplement amount as well as the reason for the change(s), must also be reported.

Attachment B: "Quarterly Report for District Partnership" must be used to capture the data listed above. The Quarterly Report for District Partnership must be submitted within 30 days after the completion of a quarter. For example, the data for the quarter January – March must be submitted by April 30<sup>th</sup>.

The Quarterly Report for District Partnership can be sent in by email to the TA Bureau mailbox at: [otda.sm.cees.tabureau@otda.ny.gov](mailto:otda.sm.cees.tabureau@otda.ny.gov).

Districts must submit completed plans for review and approval to:

Office of Temporary and Disability Assistance  
Employment and Income Support Programs  
40 North Pearl Street, 11<sup>th</sup> Floor  
Albany, NY 12243  
Email: [otda.sm.cees.tabureau@otda.ny.gov](mailto:otda.sm.cees.tabureau@otda.ny.gov)  
Fax (518) 473-0511

Partners must submit to OTDA through the partner district, a listing of the costs associated with each case and whether there has been a savings realized. The list should also document the overall costs and whether there was a cumulative savings realized. This list must be submitted when the district submits the Quarterly Reporting document.

Districts that wish to amend a previously approved partnership, must submit a new 30% Income Contribution/Fair Market Rent for Emergency Shelter Allowance District/Partnership Agreement form and receive approval from OTDA and DOB prior to implementation of amended plan. If there are more than one partner involved in the program, a 30% Income Contribution/Fair Market Rent for Emergency Shelter Allowance District/Partnership Agreement form must be submitted for each.

The effective date of district plans cannot be prior to OTDA and DOB approval.