

Zero: 2016

Community Leader Memorandum of Action (MOA)


At a minimum, each Applicant for Zero: 2016, must submit a signed MOA from: 1) Continuum of Care Leadership; 2) Public Housing Authority Executive Director and/or other PHA Senior Leader; 3) VAMC Director and/or Senior Level VAMC Staff Person for Homeless Program(s); and 4) Designated Reporting Lead (your Zero: 2016 point of contact for monthly housing placement reports and other data needs). You may collect all signatures on one MOA, or on separate MOAs, whichever is easier for you. Signed MOAs need to be scanned and uploaded with the Zero: 2016 Application.

Name of Community: SAN ANTONIO

Name of Continuum of Care: SOUTH ALAMO REGIONAL ALLIANCE FOR THE HOMELESS

I/We, the undersigned, have reviewed the twelve threshold criteria for Zero: 2016 (as specified in the Zero: 2016 Application) and I/We agree with our community's commitment to all of the threshold criteria and, if selected, will actively coordinate with other partners in our community's participation in Zero: 2016.

Signed:



CoC - Signature

Travis Pearson, President

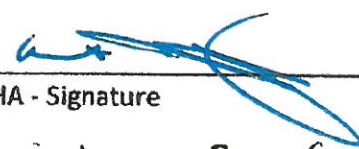
Printed Name and Title

South Alamo Regional Alliance

tp@familyendeavors.org, 210.431.6466

Name of Agency for the Homeless

Email, Phone



PHA - Signature

ALBERT T. ALEMAN JR., EXECUTIVE DIRECTOR

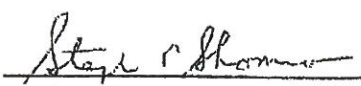
Printed Name and Title

Housing Authority Bexar County

albert.aleman@habctx.org (210) 231-2005

Name of Agency

Email, Phone



VAMC - Signature

STEPHEN SHOMION, LCSW, HCHV DIRECTOR

Printed Name and Title

South Texas Veterans Health Care System Stephen.Shomion@va.gov (210)616-9915

Name of Agency

Email, Phone

PHA - Signature

Printed Name and Title

Name of Agency

Email, Phone



HMIS Administrator - Signature

Mark Carmona, President/CEO

Printed Name and Title

Haven for Hope

Name of Agency

mark.carmona@havenforhope.org 210-220-2170

Email, Phone



Reporting Lead Signature

Melody Woosley, Director

Printed Name and Title

City of San Antonio, Dept. of Human Services

Name of Agency

melody.woosley@sanantonio.gov 210-207-8134

Email, Phone

Zero: 2016

Community Leader Memorandum of Action (MOA)

At a minimum, each Applicant for Zero: 2016, must submit a signed MOA from: 1) Continuum of Care Leadership; 2) Public Housing Authority Executive Director and/or other PHA Senior Leader; 3) VAMC Director and/or Senior Level VAMC Staff Person for Homeless Program(s); and 4) Designated Reporting Lead (your Zero: 2016 point of contact for monthly housing placement reports and other data needs). You may collect all signatures on one MOA, or on separate MOAs, whichever is easier for you. Signed MOAs need to be scanned and uploaded with the Zero: 2016 Application.

Name of Community: _____

Name of Continuum of Care: _____

I/We, the undersigned, have reviewed the twelve threshold criteria for Zero: 2016 (as specified in the Zero: 2016 Application) and I/We agree with our community's commitment to all of the threshold criteria and, if selected, will actively coordinate with other partners in our community's participation in Zero: 2016.


Signed:

CoC - Signature

Printed Name and Title

Name of Agency

Email, Phone


PHA - Signature

Lourdes Castro Ramirez, President & CEO
Printed Name and Title

San Antonio Housing Authority
Name of Agency

Email, Phone

VAMC - Signature

Printed Name and Title

Name of Agency

Email, Phone

Zero: 2016

Community Leader Memorandum of Action (MOA)

At a minimum, each Applicant for Zero: 2016, must submit a signed MOA from: 1) Continuum of Care Leadership; 2) Public Housing Authority Executive Director and/or other PHA Senior Leader; 3) VAMC Director and/or Senior Level VAMC Staff Person for Homeless Program(s); and 4) Designated Reporting Lead (your Zero: 2016 point of contact for monthly housing placement reports and other data needs). You may collect all signatures on one MOA, or on separate MOAs, whichever is easier for you. Signed MOAs need to be scanned and uploaded with the Zero: 2016 Application.

Name of Community: _____

Name of Continuum of Care: _____

I/We, the undersigned, have reviewed the twelve threshold criteria for Zero: 2016 (as specified in the Zero: 2016 Application) and I/We agree with our community's commitment to all of the threshold criteria and, if selected, will actively coordinate with other partners in our community's participation in Zero: 2016.

Signed:

CoC - Signature Printed Name and Title

Name of Agency Email, Phone



Lourdes Castro Ramirez, President & CEO
Printed Name and Title

San Antonio Housing Authority
Name of Agency

Email, Phone

VAMC - Signature Printed Name and Title

Name of Agency Email, Phone

Reporting Lead - Signature

Printed Name and Title

Name of Agency

Email, Phone