



Commonwealth of Massachusetts
**DEPARTMENT OF HOUSING &
COMMUNITY DEVELOPMENT**
Jane Swift, Governor ♦ Jane Wallis Gumble, Director

Public Housing Notice 2002-07

Memorandum

To: Executive Director
From: Wayde Porrovecchio, Acting Director Housing Finance *WP*
Subject: New Subsidy Agreement Requirement
Date: August 7, 2002

The Commonwealth has changed the mechanism by which the Department of Housing and Communities and Development (DHCD) is able to make operating subsidy payments to your Authority. To this end, the Comptroller's Office has designed a new form, called the Subsidy Agreement, to define the terms by which your Authority may receive operating subsidy. This document is only a contract form enabling DHCD to register your Authority in the state accounting system but does not change the formula by which your subsidy is calculated or disbursed. Three copies of the new form have been enclosed for your signature. The Subsidy Agreement will cover the period from July 1, 2002 through June 30, 2007.

DHCD would appreciate if your Authority would **sign all three copies, date them July 1, 2002 and return them no later than one week after receipt of the form.** DHCD will not be able to process any FY 2003 subsidy payments for your Authority until your forms are signed, returned to DHCD and processed through the Comptroller's Office. It is important that you execute the Subsidy Agreement and return it to DHCD even if you do not routinely receive an operating subsidy advance. One fully executed copy of the Subsidy Agreement will be returned to the Authority for your records.

If you have any questions concerning this form, please contact Robert Cohen, Acting Deputy Director, at 617 727-7130 ext 616.



COMMONWEALTH OF MASSACHUSETTS SUBSIDY AGREEMENT

[This Subsidy Agreement has been issued by the Office of the Comptroller for subsidies or other legislatively authorized payments to a named Recipient under 815 CMR 2.00.]

Commonwealth Of Massachusetts - Department: _____

Address: _____

Contact Person: _____ Telephone: _____ (____) _____

Recipient Name: _____

Address: _____

Contact Person: _____ Telephone: _____ (____) _____

Total Amount Of Subsidy Payment(s) \$ _____

Number Of Payments To Be Made : _____ Payment(s). Attach details of multiple payment amounts, if applicable.

Amount of First Payment: \$ _____

Anticipated Date of First Payment: _____. Attach schedule of additional payments, if applicable.

Termination Date Of Subsidy Agreement (Payments can not be made after the expiration date of the account funding this Subsidy Agreement.): _____, 19____.

1. The Department and the Recipient understand and agree that pursuant to: [Indicate citation for Legislative Authorization for Subsidy] _____, the Department is legislatively authorized to initiate a payment(s) of funds to the Recipient. Payments are subject to any conditions required by law as a prerequisite to payment, including any restrictions or conditions specified by the Department in this Subsidy Agreement. Payments can not be made to the Recipient prior to the date that this Subsidy Agreement, including all relevant attachments, has been properly executed by authorized signatories of both parties in accordance with all relevant general or special laws and regulations, and filed with the Office of the Comptroller. Notwithstanding the termination date of this Subsidy Agreement, the Recipient's obligations under Sections 2. and 3. shall survive the termination of this Subsidy Agreement.

2. The Recipient agrees to expend funds provided under this Subsidy Agreement in accordance with all applicable federal and state general and special laws and regulations and any restrictions or conditions specified by the Department by attachment to this Subsidy Agreement. Any actions arising out of this Subsidy Agreement shall be governed by the laws of the Commonwealth of Massachusetts. The Recipient may not use any funds provided or paid under this Subsidy Agreement for any partisan political activity or to further the election or defeat of any candidate for public office.

3. The Recipient understands and agrees that the Department, the State Auditor and the Comptroller shall be entitled to copies of any programmatic or fiscal reports that verify compliance with, or are required as a condition to, receiving funds under this Subsidy Agreement, or that are specified by attachment to this Subsidy Agreement.

IN WITNESS WHEREOF, the Department and the Recipient have caused this Subsidy Agreement to be executed by their respective authorized officers, as of the last date specified below:

DEPARTMENT:

RECIPIENT:

X: _____
Signature

X: _____
Signature

Print Signatory Name

Print Signatory Name

Title

Title

Date

Date