**MANDATORY CONTRACT COVER SHEET**

Mandatory Cover Sheet to be Completed and Submitted by LHA With the Contract of Employment for Executive Director for Review by EOHLC.

*(Note: For contracts prepared using the EOHLC template with no changes other than insertion of factual information, complete only Sections I and IV below. If not using the EOHLC template, or if using it with amended terms, complete all sections below.)*

To facilitate EOHLC review of Executive Director Employment Contracts, the LHA must provide a summary of qualifications and material contract terms below and identify by article, paragraph and/or sub-paragraph where the material terms appear in the contract being submitted for review.

1. **Parties and Executive Director Qualifications**

|  |  |  |
| --- | --- | --- |
| Housing Authority | Name:  | Address for purposes of Notices: |
| Executive Director | Name:  | Address for purposes of Notices: |
| # Years as Executive Director or Assistant Executive Director or other senior staff at any LHA | Years: | Position held: |
| Original date of hire of ED at this LHA |  |
| Certifications |  |
| Educational Level |  |
| Experience in Field | Years: | Type: |

1. **Basic Terms *(LHAs using the EOHLC-approved contract template do not need to complete this section. The subject matter covered by these Basic Terms must be included in all contracts.)***

| **Basic Term** |  | **Brief Summary/** | **Section/Paragraph #s of Contract** |
| --- | --- | --- | --- |
| Length of Contract Term and FY End date  |  |  |  |
| Public Housing/Rental Assistance Programs Operated | Number of units for each program at the LHA | Program |  |
|  | State-aided public housing |
|  | State-aided rental vouchers (MRVP and/or AHVP), leased units only. |
|  | Federally subsidized public housing |
|  | Federal Section 8 vouchers, leased units only |
| Full/Part Time |  |  |  |
| Required hours/week |  |  |  |
| Salary (not including bonus) |  $\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Percentage state-aided units at LHA (Authority’s state-aided public housing units and units that are leased with MRVP and/or AHVP) | ­\_\_% |  |  |
| Approved State Share of Salary | $\_\_\_\_\_\_\_\_\_\_ | Equals the percentage of the Authority’s state-aided public housing units and units that are leased with state-aided rental vouchers (MRVP and/or AHVP) multiplied by the Salary |  |
| Portion of Salary from “Other Program Activities,” if any (e.g. LHA management agreements or other private management contracts) | $\_\_\_\_\_\_\_\_\_\_ | Activity 1: |  |
| $\_\_\_\_\_\_\_\_\_\_ | Activity 2: |  |
| $\_\_\_\_\_\_\_\_\_\_ | Activity 3: |  |
| $\_\_\_\_\_\_\_\_\_\_ | Activity 4: |  |
| $\_\_\_\_\_\_\_\_\_\_ | Activity 5: |  |
| $\_\_\_\_\_\_\_\_\_\_ | Activity 6: |  |
| Other Taxable Compensation | $\_\_\_\_\_\_\_\_\_\_ | List non-monetary compensation such as laptops, cell phones, etc.: |  |
| Bonus (if any) | $\_\_\_\_\_\_\_\_\_\_\_ | Year(s) payable: Source(s):Purpose/Program(s): |  |
| Benefits (check all that apply) |  | In accordance with Authority personnel policy previously approved by EOHLC |  |
| Benefits (check all that apply) |  | In accordance with attached Authority personnel policy | \_  |
|  | As follows (if not in accordance with Authority personnel policy):\_\_\_\_ hours of vacation leave for each year of continuous employment \_\_\_\_\_ hours of sick leave for each year of continuous employment |  |

1. **Other Material Terms.**

***(Note: All material terms are mandatory and must be included in each contract. LHAs utilizing the EOHLC-approved contract template do not need to identify template provisions, but do need to identify any provisions set forth in the Special Contract Provisions (Rider 1) that affect or differ from these material terms.)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Material Term** | **Is Language Identical to EOHLC-Approved Template? (Y/N)** | **Brief Explanation of Changes from EOHLC-Approved Provisions** | **Page and Section # in Contract or Special Contract Provisions** |
| Job Description (must be attached to contract) |  |  |  |
| Detailed summary of any additional benefits not in II above |  |  |  |
| Expense Reimbursement |  |  |  |
| Termination by Executive Director |  |  |  |
| Termination by LHA  |  |  |  |
| Termination by EOHLC |  |  |  |
| Other discipline or termination provisions, if any |  |  |  |
| Executive Director’s Inability to Perform Essential Functions |  |  |  |
| Notice Provision  |  |  |  |
| No modifications without written agreement and EOHLC approval  |  |  |  |
| Dispute Resolution  |  |  |  |
| Post-term activities |  |  |  |
| No assignment |  |  |  |
| Massachusetts law governs |  |  |  |
| Acknowledgment that contract is subject to EOHLC’s written approval |  |  |  |

1. **Certification.**

The undersigned certifies that the above information is true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOUSING AUTHORITY

By:

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chairman or other authorized Board Member)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_