**MANDATORY CONTRACT COVER SHEET**

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

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

To facilitate DHCD 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 DHCD-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  |  |  |  |
| Public Housing/Rental Assistance Programs Operated | Number of units for each program at the LHA | Number of BRUs 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 |
| Other program activities, if any |  |  |  |
| Full/Part Time |  |  |  |
| Required hours/week |  |  |  |
| Salary (not including bonus) |  |  |  |
| Percentage of Authority’s state-aided public housing units and units that are leased with state-aided rental vouchers (MRVP and/or AHVP) |  |  |  |
| Approved State Share of Salary |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_ ( Percentage of the Authority’s sate-aided public housing units and units that are leased with state-aided rental vouchers (MRVP and/or AHVP) multiplied by the Salary) |  |
| Bonus (if any) |  | $\_\_\_\_\_\_\_\_\_ payable from State operating subsidy |  |
|  | $\_\_\_\_\_\_\_\_\_ payable from the following other sources: |
| Other Taxable Compensation |  | List non-monetary compensation such as laptops, cell phones, etc.: |  |
| Benefits: | Check all that apply |  |  |  |
|  |  | In accordance with Authority personnel policy previously approved by DHCD |
|  |  | 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 DHCD-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** | **Page and Section # in Contract or Special Contract Provisions** | **Is Language Identical to DHCD-Approved Template?** | **Brief Explanation of Changes from DHCD-Approved 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 DHCD |  |  |  |
| Other discipline or termination provisions, if any |  |  |  |
| Executive Director’s Inability to Perform Essential Functions |  |  |  |
| Notice Provision  |  |  |  |
| No modifications without written agreement and DHCD approval  |  |  |  |
| Dispute Resolution  |  |  |  |
| Post-term activities |  |  |  |
| No assignment |  |  |  |
| Massachusetts law governs |  |  |  |
| Acknowledgment that contract is subject to DHCD’s written approval |  |  |  |

1. **Certification.**

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

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

By:

 Name:

 Title:

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