

Third-Party Partner Checklist

This internal document is intended to help ensure COI partnerships meet our standards. For RSCs, revisit the [COI File + Folder Management](#) document to revisit how to save documents related to onsite programs/partnerships. For additional questions or concerns, reach out to NHT's Managing Director of COI.

Initial Conversations/Prospecting

This initial conversation or 'prospecting phase' will set the tone for how a potential partnership forms and identifies if the partnership meets the current needs of residents. This process should address the following:

Partner and History of Involvement

- Who is the partner?
 - Nonprofit organization: _____
 - For-profit Organization: _____
 - State/Local Government: _____
 - Other: _____
- Does NHT or the property have a previous relationship with this provider?
 - Yes. What was the extent of the relationship? _____
 - No
- Does this align with NHT's mission? *NHT's mission is to create and preserve affordable homes to provide opportunity, advance racial equity, reduce economic disparities and strengthen community resiliency through practice and policy.*
 - Yes No

Commitment to Racial Equity

- What are the partner's stated commitments to racial equity?

- Does this partner have experience working with affordable housing communities, communities of color, and/or underserved communities?
 - Yes. What was done? _____
 - No; why? _____

Program Alignment

1. What is the proposed service or program? *Provide a 1-2 sentence description of the proposed service or program.*

2. Which of the COI Program Initiatives aligns with this service/program? *Refer to those outlined in Salesforce.*

3. Which of your property workplan goals aligns with this service/program? *Refer to the goals outlined in your community's Property Workplan.*

Point of contact

The primary point of contact should be the person responsible for designing and managing programming. Please also provide other pertinent contract information including contact information for facilitators if different from the primary contact.

Primary Contact

Name:
Email:
Phone Number:
Title/Role:

Second Contact

Name:
Email:
Phone Number:
Title/Role:

Third Contact

Name:
Email:
Phone Number:
Title/Role:



Cost

Please attach a quote and/or budget for the proposed services.

1. How is the program funded?

- Grants
- Property Budget
- Donations

Agreement/Partnership Formation

Once a partner and the type of service have been identified, the next step should be formalizing the specific program/service details through an agreement and/or memo of understanding (MOU). Ensure this agreement outlines the following:

MOU/Contract of Services Checklist

- Agreement outlines expectations of service provider
- Agreement outlines participation targets/expectations
- Agreement states objectives and/or goals for programming
- Agreement clearly outlines reporting requirements by service provider
- Agreement includes NHT's data privacy and data sharing policy
- Agreement includes NHT's Insurance Requirements for Third Party Providers
- If services includes supervision of youth, agreement includes NHT's requirements for background checks

Partnership Evaluation

Please use this form as a guide to evaluate the Provider. Check the appropriate numeric value corresponding to the provider's level of competency and provide appropriate comments in the space below.

Who is completing the evaluation?

Date:

Rating Scale: <ul style="list-style-type: none"> • 5 - Outstanding • 4 - Excellent • 3 - Competent 	<ul style="list-style-type: none"> • 2 - Does not meet requirements • 1 - Unable to determine or not applicable to this provider
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	5	4	3	2	1
<p>COMMUNICATIONS Overall assessment of Provider's communication skills. This includes communication with staff, residents and other relevant parties.</p> <p>Notes:</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>TIMELINESS Overall assessment of Provider's timeliness. Does Provider start services on time? Does Provider provide ample notice for schedule changes?</p> <p>Notes:</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>RESIDENT SATISFACTION Assess residents' satisfaction with the service. Please attach any surveys to this evaluation.</p> <p>Notes:</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>DIVERSITY AND INCLUSIVITY Provider staff reflects the community that they serve and/or demonstrates cultural competency.</p> <p>Notes:</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p>OVERALL EVALUATION</p> <p>Notes:</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

