



**Idaho
Coalition**
Against Sexual &
Domestic Violence
Engaging Voices, Creating Change

OVW TRANSITIONAL HOUSING Fund Request Agreement & Certification

Program description and conditions

Idaho-based domestic violence programs who are not currently receiving OVW transitional housing funds through another OVW grant (either as a primary or partnering grantee) may apply for transitional housing funds for survivors accessing services at their programs. **Each qualifying**

program is eligible to apply for up to \$6,600 over the grant period for individual(s) who are homeless or in need of transitional housing or other housing assistance as a result of fleeing a situation of domestic violence or dating violence, and for whom emergency shelter services or other crisis intervention services are unavailable or insufficient.

Transitional housing funds are meant to provide short-term housing assistance and support services to eligible survivors. The Idaho Transitional Housing Project places a priority on providing assistance for survivors of domestic or dating violence who have disabilities or are from an underserved population such as immigrants, refugees, and the LGBTQ community. The Project's goal is to transition survivors into permanent housing.

The available funds will be spread out based on an expected length of housing assistance of six to 24 months. Short-term housing assistance will be available for rental or utilities payment, security deposits, and other cost incidentals/related expenses. Payment will be made directly to the applying domestic violence program as reimbursement for qualifying client transitional housing expenses. Upon approval of this application, the applicant domestic violence program will be sent information regarding reimbursement.

Programs who requests transitional housing funds for survivors agree that they will use non-OVW funds to provide support services for up to 24 months and follow up services for up to an additional three months. Support services may include advocacy, case management, transportation, counseling, child care, employment counseling and other assistance. Programs must also provide follow-up services for a minimum of three months after survivors acquire permanent housing. Services must be made available, but are not mandatory for survivors to use. All support and follow up services must be provided on a voluntary basis – a survivor may choose which services to access, if any. All services offered should be survivor-driven, promote social and emotional well-being.

Programs requesting transitional housing funds are encouraged to develop partnerships between civil rights organizations, housing and homelessness organizations, and community organizations to improve the overall value and effectiveness of transitional housing in Idaho. Programs will be reimbursed on a monthly basis for transitional housing funds expended.

Idaho Transitional Housing Project Funds Request & Program Certification

Name of Program:

Address (Street Address, City, State, Zip Code):

County:

Executive Director:

Official Contact Person / Title:

Contact Person Phone Number and E-mail

This funds request and certification certifies that _____
(Name of Program)

("Program") has read and understands pages 1 of this document and will provide short-term housing services or transitional housing assistance for a minimum of 6 months and a maximum of 24 months, and with non-OVW funds, provide voluntary support services for eligible survivors for up to 24 months and follow-up services for a minimum of three months after survivors acquire permanent housing. Program also agrees complete all required reporting and participate in webinars and trainings provided by the Idaho Coalition Against Sexual & Domestic Violence and partners of the Idaho Coalition Against Sexual & Domestic Violence to improve the overall value and effectiveness of transitional housing in Idaho. Program will complete all reporting required by the Idaho Coalition that is necessary for the Idaho Coalition to meet programmatic goals and Federal reporting requirements.

Dated this ____ day of _____, 20__.

Program Name: _____

Official's Signature: _____

Signing Official's Printed Name and Title: _____