**Idaho Coalition Against Sexual & Domestic Violence**

**OVW Transitional Housing Funds**

**Agreement & Certification Form**

**Program Description and Conditions**

Idaho-based community and tribal domestic violence/sexual assault programs and culturally specific and disability organizations that 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 to assist survivors accessing services at their programs. **Each qualifying program/organization is eligible to apply for up to $6,000 per individual over the grant period for survivors who are homeless or in need of transitional housing or other housing assistance as a result of fleeing a situation domestic or dating violence, sexual assault, and/or stalking, and for whom emergency shelter services or other crisis intervention services are unavailable or insufficient. It is the requesting agency’s responsibility to screen clients for eligibility**. Transitional Housing funds are meant to provide short-term housing assistance and support services to eligible survivors. The Idaho Transitional Housing Project directs its resources towards individuals with the highest need, with special consideration for survivors of domestic or dating violence, sexual violence, and/or stalking who are from marginalized and/or historically underserved populations, including but are not limited to, survivors with limited English proficiency, survivors who have been resettled as refugees, individuals with a physical or mental disability, or individuals from rural communities with little low-cost housing or employment opportunities. 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 (in very limited circumstances), and other cost incidentals/related expenses. Payment will be made directly to the applying program or community organization as reimbursement for qualifying client transitional housing expenses. When needed and appropriate, with prior approval by the Idaho Coalition, checks may be made to utility companies, landlords, rental companies, etc. In no case will programs be reimbursed for payments made to a survivor, survivor’s family member, or other related individual. Upon approval of this Agreement & Certification Form and submission of the Amount Request Form, the applicant program or community organization will be sent information regarding reimbursement.

Programs or organizations who request transitional housing funds for survivors agree that they will use non-OVW funds to provide voluntary support service while the survivor is accessing transitional housing funds and voluntary follow-up services for up to three months, and no more than 12 months, after a survivor has secured permanent housing or otherwise exists the transitional housing program. Support services may include advocacy, case management, transportation, counseling, childcare, employment counseling and other assistance. Services must be made available, however 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/organizations are responsible for tracking and returning all security deposits made for a survivor/victim upon their exit from the transition housing program. Transitional housing funds may not be made out to the survivor who is receiving housing assistance and therefore security deposits are required to be returned to the Idaho Coalition upon survivors exit of the program. For this reason, payment of security deposits generally will not be made under this program.

Community organizations requesting transitional housing funds are encouraged to develop partnerships and work cooperatively between community and tribal domestic violence/sexual assault programs, civil rights organizations, housing and homelessness organizations, and culturally specific or disability 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 Agreement & Certification Form**

**Name of Program or Organization:**

**Address & County** (Street Address, City, State, Zip Code and County):

**Executive Director:**

**Official Contact Person and Title:**

**Contact Person Phone Number and E-mail**

This Agreement & Certification form certifies that *name of the Program/Community Organization*

(“Program/Organization”) has read and understands pages 1-2 of this document and will provide short-term housing services or transitional housing assistance for a minimum of six months and a maximum of 24 months, and with non-OVW funds, provide voluntary support services for eligible survivors while accessing transitional housing funds and follow-up services for a minimum of three months after survivors acquire permanent housing. Program/Organization agrees to 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/Organization will complete all reporting required by the Idaho Coalition that is necessary for the Idaho Coalition to meet programmatic goals and federal reporting requirements. Program/Organization agrees to return all security deposits made by transitional housing funds on behalf of survivor(s) and return funds to the Idaho Coalition upon the survivors’ exit from the program.

Dated this       day of      , 20     .

Program Name:

Official’s Signature:

Signing Official’s Printed Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_