



Bakken Impact Grant

MONTANA COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE
PO BOX 818
HELENA, MT 59624

OVERVIEW

- MCADSV OIL BOOM LISTENING SUMMIT
- BAKKEN IMPACT GRANT
- COUNTIES COVERED
- DIRECT CLIENT ASSISTANCE FUNDS & FORMS
- BUDGET

KEY CONCERNS MENTIONED IN THE OIL BOOM LISTENING SUMMIT

- ❑ LACK OF SERVICES, MONEY, TRANSPORTATION, STAFF AND RESOURCES
- ❑ HUMAN TRAFFICKING
- ❑ EDUCATION AND TRAINING NEEDED
- ❑ COORDINATED COMMUNITY RESPONSE TEAM
- ❑ ACCESS TO LEGAL AND MENTAL HEALTH SERVICES

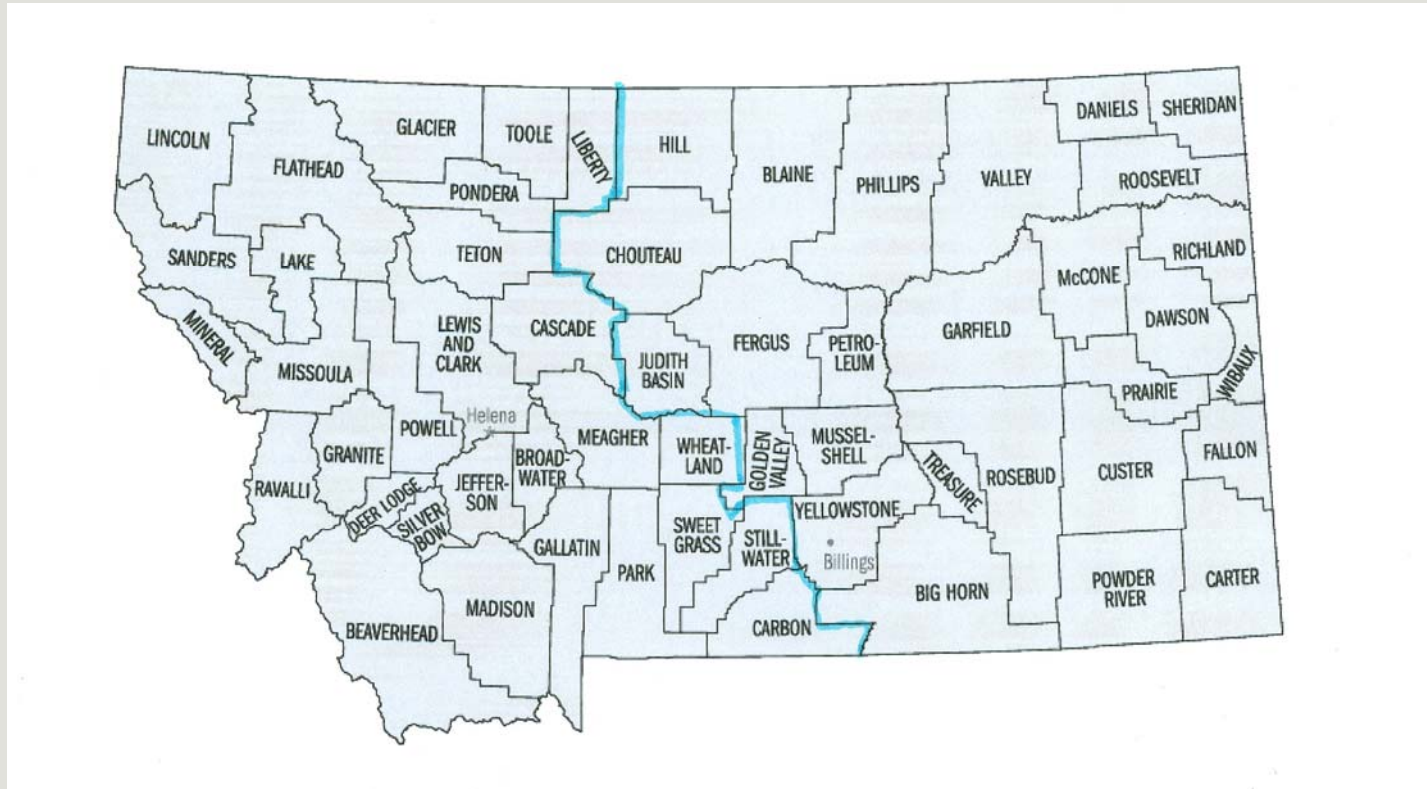


BAKKEN IMPACT GRANT

- ❑ TRAININGS TO VICTIM SERVICE PROVIDERS, LAW ENFORCEMENT, COURTS, ETC.
- ❑ TECHNICAL ASSISTANCE AND RELATIONSHIP BUILDING
- ❑ SCHOLARSHIPS TO MEMBERS FOR NATIONAL, STATE, AND MCADSV TRAININGS
- ❑ THE DIRECT CLIENT ASSISTANCE FUNDS PROGRAM



COUNTIES COVERED



EAST OF THE BLUE LINE ARE THE COUNTIES COVERED

DIRECT CLIENT ASSISTANCE FUNDS

- TO INCREASE THE SAFETY AND WELL BEING OF VICTIMS AND THEIR CHILDREN IN THE BAKKEN AREA WHO HAVE EXPERIENCED DOMESTIC VIOLENCE, SEXUAL ASSAULT, DATING VIOLENCE AND STALKING BY DEALING DIRECTLY WITH THEIR IMMEDIATE FINANCIAL NEEDS.

WHAT COSTS CAN THE DIRECT CLIENT ASSISTANCE FUNDS COVER?

- HOUSING
- TRANSPORTATION
- MISCELLANEOUS EXPENSE

TO APPLY FOR THE DIRECT CLIENT ASSISTANCE FUNDS

THE VICTIM -

- MUST BE ASSOCIATED WITH THE BAKKEN AREA
- MUST HAVE AN IMMEDIATE NEED
- MUST MAKE A REASONABLE ATTEMPT TO COVER THE FINANCIAL COST HIM/HERSELF OR THROUGH COMMUNITY RESOURCES. AND IF THE VICTIM STILL CAN NOT COVER THE COST ...

➤ GO TO WWW.MCADSV.COM TO APPLY

APPLICATION PROCESS

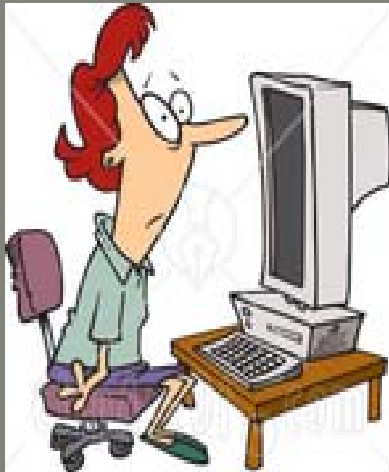


- VICTIM MUST FILL OUT FORMS FOUND ON THE MCADSV WEBSITE AND SUBMIT THEM TO KORIE DIEHL AT: MTCOALITION@MCADSV.COM

WITH THESE FORMS PLEASE ATTACH:

- RENTAL AGREEMENT AND W-9
 - RECEIPTS OR BILLS AND W-9
- PLEASE ALLOW 10 DAYS FOR REVIEW AND 15 DAYS TO RECEIVE PAYMENT
 - DO NOT INCLUDE ANY IDENTIFYING INFORMATION ABOUT VICTIM

FORMS



Montana Coalition Against
Domestic & Sexual Violence
PO Box 818, Helena, MT 59624
(406) 443-7794

mtcoalition@mcadsv.com

REQUEST FOR DIRECT CLIENT ASSISTANCE FUNDS THROUGH BAKKEN RURAL GRANT

Organization requesting funds on client's behalf:		Date:	
Organizations Address:		Total amount requested from MCADSV:	
Phone:		<i>Amount paid by other agencies organizations:</i>	
Fax:			
Primary advocate's contact details:		Name of company payment is payable to:	
Cell/Office phone:		Contact and mailing information:	
Email:			
Type of assistance (please indicate amount requested in each category)	Housing:	Transportation:	Miscellaneous:

Victim's Information:

Please provide the requested information relating to the victim and indicate if they are a victim of domestic violence, sexual violence or stalking.

Initials	Race	Gender	Age	DV/Dating Violence	SA	Stalking

***PLEASE DO NOT INCLUDE ANY INFORMATION THAT MIGHT COMPROMISE VICTIM CONFIDENTIALITY**

PAGE 2

Secondary Victim's(s) Information:

Please provide the requested information for any secondary victims.

Initials	Race	Gender	Age	DV/Dating Violence	SA	Stalking

***PLEASE DO NOT INCLUDE ANY INFORMATION THAT MIGHT COMPROMISE VICTIM CONFIDENTIALITY**

BRIEF description of need:

Please do not insert any names or identifying information

Alternative sources of assistance:

List the agencies/organizations contacted for assistance (not just financial assistance), with resulting contributions. Please include the amount (if any) contributed by the agency submitting the request.

Name of Agency	Amount contributed	Reason provided for refusal
1)		
2)		
3)		

***PLEASE DO NOT INCLUDE ANY INFORMATION THAT MIGHT COMPROMISE VICTIM CONFIDENTIALITY**

PAGE 3

Documentation/ Evidence required:

There is an attached W-9 and/or receipts with this application	Yes	No	N/A
There is an attached rental agreement being sent with this application	Yes	No	N/A
Victim qualifies as being a resident, temporary or permanent, of one of the following counties:	Yes	No	
The counties approved for service are Sheridan, Daniels, Roosevelt, McCone, Richland, Dawson, Wibaux, Prairie, Custer, Fallon, Carter, Powder River, Rosebud, Treasure, Garfield, Valley, Phillips, Blaine, Hill, Choteau, Fergus, Petroleum, Musselshell, Yellowstone, Big Horn, Golden Valley, and Judith Basin.			

Signature/date of Requesting Advocate:	Signature/date of MCADSV Program Coordinator:

Please email this form to mtcoalition@mcadsv.com. In the event that you are unable to email the form, please contact

MCADSV Bakken Program Coordinator at telephone **406-443-7794** to discuss alternatives.

Please allow 15 days for check requests to be processed after approval.

Please **do not mail** duplicate request form to the MCADSV.

Date Received by MCADSV:	Signature/date of MCADSV Program Coordinator:
Approved or Denied by MCADSV:	Amount Paid and Date by MCADSV:

FORM FOR GIFT CARDS



Montana Coalition Against
Domestic & Sexual Violence
PO Box 818, Helena, MT 59624
(406) 443-7794

mtcoalition@mcadsv.com

Montana Coalition Against Domestic & Sexual Violence (MCADSV) Direct Client Assistance Fund Gift Card Form

I, _____ from MCADSV, sent _____,
from _____, the below-identified gift card on _____
in the amount of _____.

Signed: _____ Date: _____

I, _____ am the representative from _____,
certify that I have received the above gift card on _____, and that I have
dispersed the said card to (client initials) _____ on _____.

Signed: _____ Date: _____

By initialing below I certify that I have received the above referenced gift card and will use
it for the purposes outlined in the application for assistance.

Client initials: _____ Date: _____

Please scan and return to: mtcoalition@mcadsv.com
Attn: MCADSV Program Coordinator

SAMPLE BUDGET

Description	Cost
Emergency Housing Assistance for Victims	\$28,800
Emergency Transportation Assistance for Victims	\$21,600
Emergency Miscellaneous Assistance for Victims	\$14,400
Total Direct Client Assistance Funds Requested:	\$64,800

THE BUDGET AMOUNTS ARE JUST ESTIMATED AND MAY BE MODIFIED AS NECESSARY TO ACCOMMODATE CLIENT'S NEEDS

TECHNICAL ASSISTANCE

- ❑ THE APPLYING AGENCY IS ENCOURAGED TO CALL OR EMAIL THE MCADSV PROGRAM COORDINATOR BEFORE APPLYING FOR ASSISTANCE TO DISCUSS THE INDIVIDUAL NEEDS OF A VICTIM.
- ❑ FOLLOW-UP WITH A CALL OR EMAIL TO CHECK THE STATUS OF THE REQUEST IF YOU HAVE NOT RECEIVED AN APPROVAL OR DENIAL WITHIN 10 DAYS.



CONTACT INFORMATION FOR PROGRAM COORDINATOR

KORIE DIEHL

406-443-7794 Ext. 113

KDIEHL@MCADSV.COM

PLEASE CALL WITH ANY QUESTIONS OR CONCERNS