



**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:	
		<i>Amount paid by other agencies organizations:</i>	
Phone:			
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**

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**

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: 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.	Yes	No	

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: