



**RECOVERY HOUSING GRANT APPLICATION FORM**  
**FUNDING PERIOD: JULY 1, 2024 TO JUNE 30, 2025**

To be considered for funding, applicants must complete and submit one (1) signed and complete grant application. Incomplete applications will not be reviewed.

The grant application should be submitted to:  
Lauren Thorp, Associate Director  
via email: [LThorp@TrumbullMHRB.org](mailto:LThorp@TrumbullMHRB.org)  
fax: (330) 675-2772  
or mail: 4076 Youngstown Rd SE; #201  
Warren, OH 44484

Due by close of business on  
**April 26, 2024**

**PURPOSE**

The Trumbull County Mental Health & Recovery Board (TCMHRB) is committed to supporting the recovery of Trumbull County residents through a Recovery Oriented System of Care (ROSC). The TCMHRB believes that the central focus of a ROSC is the creation of an infrastructure that effectively address the full range of substance use problems within our community. Recovery Housing, as defined by the Ohio Revised Code Section 340.01 (A)(3), housing for individuals recovering from drug addiction that provides an alcohol and drug-free living environment, peer support, assistance with obtaining drug addiction services and other drug addiction recovery assistance, is an important part of this continuum of care.

The purpose of this Request for Application (RFA) is to build capacity for Trumbull County residents seeking recovery housing. To aid in this effort, the TCMHRB is dedicating up to \$15,000 a year per recovery house, with a maximum of \$50,000 per owner, for rental stipends to assist Trumbull County residents. Applications will be accepted for funding up to \$500 per month for the 1<sup>st</sup> two (2) months of a qualified resident's stay, and \$250 per month for up to 10 months. Stipends will be paid as a reimbursement for the previous month. No tenant shall receive more than 12 months of rental assistance from the TCMHRB without prior approval. In addition, the TCMHRB will allocate up to \$500.00 per month, per recovery residence for a recovery house monitor, with a total not to exceed \$6,000.00 per residence and \$24,000 per owner.

In alignment with the Trumbull County Mental Health and Recovery Boards commitment to ensuring high quality services for Trumbull County residents, all recovery houses receiving a Board funded rental stipend must be on file with the Ohio Department of Mental Health & Addiction Services as required by Ohio Revised Code 5119.391 and a member in good standing of Ohio Recovery Housing. A copy of current inspection and certification by Ohio Recovery Housing is to be submitted to the TCMHRB. To support this enhancement measure, recovery house operators may include in this

application a request of up to \$500, in addition to the rent stipend request, to supplement the cost of Ohio Recovery Housing membership and inspection. Five hundred dollars (\$500) will be awarded to each grant recipient to support attendance at the Ohio Recovery Housing Annual Conference. The inspection, certification and conference must occur during State Fiscal Year 2025 (July 1, 2024-June 30, 2025).

Agencies/Individuals providing recovery housing may request funds via this application. Any provider that is awarded funding will enter into an Agreement with the TCMHRB prior to receiving any payments. Questions regarding this application should be directed to Lauren Thorp at (330) 675-2765 ext. 119.

### **INFORMATION REVIEW PROCESS**

TCMHRB staff will review each grant submission for completeness and accuracy, requesting clarification or revision, if necessary, from the applicant. Consideration of community-wide needs and financial resources will be central to such review. The TCMHRB staff will visit the property of any recovery house operator who has not previously received funding from the TCMHRB prior to grant approval. Copies of required documentation must be received by the TCMHRB prior to grant approval. Final approval is determined by the TCMHRB Executive Director and contingent upon the approval of funding by the TCMHRB Board of Directors.

### **QUALIFIED APPLICANTS**

Qualified applicants will:

- If in recovery, have at least 2 contiguous years of sobriety
- Have completed inspection by Ohio Recovery Housing (ORH) and received certification by Ohio Recovery Housing
- Have filed with the Ohio Department of Mental Health & Addiction Services (OhioMHAS) as a recovery house as required by Ohio Revised Code 5119.391
- Have staff and/or residents trained in Naloxone administration and have Naloxone onsite
- Have a House Manager living full time in the residence
- Provide the TCMHRB with copies of house rules including Tenant Occupancy Agreements, Terms of Immediate Discharge, Tenant Grievance Procedures, and an Affirmative Action Plan in accordance with applicable state and federal law
- Utilize the ORH Outcomes tool to track resident progress, including length of stay, and share this information with the TCMHRB
- Carry a \$1,000,000.00 limit of general liability insurance. The policy must name the TCMHRB as an additional insured
- Adhere to all contract requirements including reporting major unusual incidents to the TCMHRB

## APPLICANT INFORMATION

### Organization Information

Applicant Organization:		
Number of Years in Business:		
Mailing Address:		
City:	State:	Zip:
Telephone:		Website:
Name of Owner:		Email:
Owner/Operator Sobriety Date <i>(if applicable)</i> :		
Contact Person <i>(if different)</i> :		Email:
Title <i>(if different)</i> :		Phone:

### Tax Status

IRS 501(c)(3) Nonprofit? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list names of members of Board of Directors and Term Expiration Dates
Federal Tax ID # <i>(if applicable)</i> :
(* W9 form must accompany this application if first time applicant or information has changed in past year)
Are you certified as a: <input type="checkbox"/> Minority Business Enterprise (MBE) <i>(check all that apply)</i> <input type="checkbox"/> Encouraging Diversity, Growth and Equity (EDGE) Business Enterprise

### Organization's Mission

Brief statement of organization's objectives and/or activities:	
Annual operating budget:	Audited? <input type="checkbox"/> Yes <input type="checkbox"/> No

## RECOVERY HOUSE INFORMATION

**House(s) to be funded through this request** (each house must be certified by ORH):

Name of House 1:		Housing Level:
Name of House Manager:		
Narcan Onsite: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Person(s) trained in Narcan Administration:	
Address of House:		
ORH Certification Date:	Certification Expiration Date:	
House Serves <input type="checkbox"/> Males <input type="checkbox"/> Females	# of Beds:	Price of Rent: \$

Name of House 2:		Housing Level:
Name of House Manager:		
Narcan Onsite: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Person(s) trained in Narcan Administration:	
Address of House:		
ORH Certification Date:	Certification Expiration Date:	
House Serves <input type="checkbox"/> Males <input type="checkbox"/> Females	# of Beds:	Price of Rent: \$

Name of House 3:		Housing Level:
Name of House Manager:		
Narcan Onsite: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Person(s) trained in Narcan Administration:	
Address of House:		
ORH Certification Date:	Certification Expiration Date:	
House Serves <input type="checkbox"/> Males <input type="checkbox"/> Females	# of Beds:	Price of Rent: \$

Name of House 4:		Housing Level:
Name of House Manager:		
Narcan Onsite: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Person(s) trained in Narcan Administration:	
Address of House:		
ORH Certification Date:	Certification Expiration Date:	
House Serves <input type="checkbox"/> Males <input type="checkbox"/> Females	# of Beds:	Price of Rent: \$

Name of House 5:		Housing Level:
Name of House Manager:		
Narcan Onsite: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Person(s) trained in Narcan Administration:	
Address of House:		
ORH Certification Date:	Certification Expiration Date:	
House Serves <input type="checkbox"/> Males <input type="checkbox"/> Females	# of Beds:	Price of Rent: \$

# APPLICATION

## Summary of Request

1. How many people are you proposing to serve?

2. Explain your organizations need for the requested funds.

3. List all sources and amounts of funding received by your organization (Include all grants received by any other agencies):

4. Since these funds will likely not cover rental stipends for all recovery house residents, how will you determine which residents have access to the grant?

5. If applied for, how will the house monitor stipend be distributed/utilized?

6. Does your organization require background checks on employees and volunteers?  Yes  No  
If yes, what kind of background check is conducted?

7. Are you and/or your staff members trained in Trauma Informed Care?  
If yes, please explain

## Proposed Outcomes

The Trumbull County Mental Health and Recovery Board expects that recipients of Board funded rental stipends to become self-supporting. Use the table below to identify expected outcomes for your residents and how the outcomes are measured.

<p style="text-align: center;"><b><u>Goal/Impact</u></b> What are you going to achieve? What impact will you make?</p>	<p style="text-align: center;"><b><u>Measure</u></b> What will be the measurable outcome for this goal?</p>	<p style="text-align: center;"><b><u>Data Source</u></b> What information are you going to collect or use to demonstrate you have accomplished your goal?</p>	<p style="text-align: center;"><b><u>Proposed Outcome</u></b> Quantify your expected outcome</p>
<p><i>Example: Residents will become employed or maintain employment</i></p>	<p><i>Employment achieved 90 days after arriving at House</i></p>	<p><i>ORH Outcome Tool completed by resident upon move in, 6 months into stay and when moving out</i></p>	<p><i>75% of residents being employed after 90 days of residence</i></p>

## BUDGET REQUEST

**Amount Requested:**

<b>Rental Stipends</b> (not to exceed \$25,000 per house)	\$
<b>House Monitor</b> (not to exceed \$6,000 per house)	\$
<b>Ohio Recovery Housing Certification</b> (Not to exceed \$500; Only available during the same year that certification is due)	\$
<b>Ohio Recovery Housing Annual Conference Attendance</b>	\$ <b>500</b>
<b>Total Request:</b>	<b>\$</b>

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**For Board Use Only:**

**Date received:** \_\_\_\_\_

**Approved**  **YES**  **NO** **Date Approved:** \_\_\_\_\_ **Amount Approved: \$** \_\_\_\_\_

**Authorized by:** \_\_\_\_\_ (Print name) \_\_\_\_\_ (Signature)