



Recovery Housing Grant Application

Funding Period: July 1, 2025 – June 30, 2026

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 \$10,000 a year per recovery house, with a maximum of \$40,000 per owner, for rental stipends to assist Trumbull County residents. Applications will be accepted for funding up to \$500 per month for the 1st two (2) months of a qualified resident's stay, and \$250 per month for up to 8 months. Stipends will be paid as a reimbursement for the previous month. No tenant shall receive more than 10 months of rental assistance from the TCMHRB without prior approval. In addition, the TCMHRB will allocate up to \$500.00 per month, per recovery house operator for administrative costs, with a total not to exceed \$6,000.00 for the year.

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 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 to supplement the cost of Ohio Recovery Housing certification. Five hundred dollars (\$500) will be awarded to each grant recipient to support attendance at the Ohio Recovery Housing Annual Conference. The conference must occur during the grant period.

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 been in operation at least 12 months and can provide backup documentation of the duration
- Have received certification by Ohio Recovery Housing (ORH)
- 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

The completed Grant Application should be sent in an electronic format to Lauren Thorp at the following email address:

LThorp@TrumbullMHRB.org

By close of business on
April 11, 2025

SECTION I

ORGANIZATION INFORMATION

Organization Name

Administrative Office Address:

Administrative Office Phone Number:

Number of Years in Business:

Organization Structure: (Non-Profit, For Profit, LLC, Other)

Federal Tax ID #:

DUNS Number:

SAM.gov Unique Entity ID#:

Certified Minority Business Enterprise (MBE) Yes No

Certified Encouraging Diversity, Growth and Equity (EDGE) Business Enterprise Yes No

Annual Operating Budget \$ Audited? Yes No

ORGANIZATIONAL CONTACTS

Owner Name:		Billing Contact Name:	
Phone:		Phone:	
Email:		Email:	

Housing Contact Name:	
Phone:	
Email:	

Board of Directors (if applicable):

Chairperson Name:		Member Name:	
Chairperson Phone:		Member Name:	
Chairperson Email:		Member Name:	
Member Name:		Member Name:	
Member Name:		Member Name:	
Member Name:		Member Name:	
Member Name:		Member Name:	
Member Name:		Member Name:	

ORGANIZATION DESCRIPTION

Please provide a brief Organizational History (*new applicants only*):

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Please include your Organization's Mission Statement in the box provided below:

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ACCREDITATION/CERTIFICATION INFORMATION

Does your organization have Ohio Recovery Housing Certification? YES NO
If no, when do you anticipate achieving certification?

Is your organization listed on the Ohio Department of Mental Health and Addiction Services (OHIO MHAS) registry?

YES NO If no, when do you anticipate registering?

In the past 2 years, have there been any complaints against your organization through an accreditation body (ORH), OHIO MHAS, or any other state licensing body requiring a corrective action plan or a temporary license/certification revocation? YES NO

If yes, provide corrective action plan and outcome of the corrections.

ORGANIZATION SPECIFIC INFORMATION

- 1. Cultural Competence** is a continuous learning process that builds knowledge, awareness, skills, and capacity to identify, understand, and respect every individuals' unique beliefs, values, customs, languages, abilities, and traditions to develop policies to promote effective programs and services.

Describe your efforts to ensure the services provided are culturally competent.

If a plan was created for accreditation, please attach that in lieu of completing this section.

Are there plans to take part in any cultural competence training in SFY2026? ☐ Yes ☐ No

- 2. Trauma-Informed Care** is an approach that explicitly acknowledges the role trauma plays in people's lives. Trauma Informed Care means that every part of an organization or program understands the impact of trauma on the individuals they serve and adopts a culture that considers and addresses this impact.

Are you and/or your staff members trained in Trauma-Informed Care? ☐ Yes ☐ No

If yes, please explain

Are there plans to take part in trauma related trainings in SFY2026? ☐ Yes ☐ No

SECTION II

PROGRAM PROPOSAL

- 1.) **TCMHRB Priorities-** Check the boxes in the right- hand column to show which Board-identified community challenges, gaps in service and access, and population(s) experiencing disparities your proposal will directly address

Priority Area	Description	
I. Children, Youth & Families		
1A	Mental, emotional, and behavioral health conditions in children and youth	
1B	Adverse childhood experiences (ACEs)	
1C	Suicidal Ideation	
II. Mental Health and Addiction Challenges		
2A	Adult suicide deaths	
2B	Drug overdose deaths	
2C	MD and SUD conditions among adults (overall)	
III. Services Gaps		
3A	Crisis services	
3B	Mental Health Workforce (mental health professional shortage areas)	
3C	Substance use disorder treatment workforce	
IV. Gaps in access for children, youth and families		
4A	Lack of follow-up care for children prescribed psychotropic medications	
4B	Unmet need for mental health treatment	
4C	Access to SUD treatment (youth)	
V. Gaps in access for adults		
5A	Low SUD treatment retention	
5B	Lack of follow-up after hospitalization for mental illness challenges	
5C	Lack of follow-up after substance use	
VI. Disproportionately impacted populations		
6A	People with low incomes or low educational attainment	
6B	People with a disability	
6C	Residents of rural areas	
6D	Black residents	
6E	Older adults (ages 65+)	
6F	Veterans	
6G	LGBTQ+	
6H	People who use injection drugs (IDU)	
6I	People involved in the criminal justice system	

2.) How many people do you anticipate utilizing Board funds during this grant period? ____

- 3.) 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?

4.) 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:		Yes	No	Name of Person(s) trained in Narcan Administration:	
Address of House:					
ORH Certification Date:			Certification Expiration Date:		
House Serves	Males	Females	# of Beds:		Price of Rent: \$

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

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

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

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

SECTION III

GRANT PROJECT BUDGET FORM

Organization Name: _____

REVENUES:

Project Budget

Trumbull County Mental Health & Recovery Bd. (Amount Requested)	\$
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Other Sources of Revenue:	
Federal Grants	
State Grants	
Local Grants	
Resident Self Paid Rent	
Other:	
Other:	
TOTAL REVENUES	\$

BUDGET REQUEST:

	Trumbull County Mental Health & Recovery Board	All Other Sources	Total Expense
Rental Stipends (not to exceed \$10,000 request per house up to \$40,000)			
Administrative cost (not to exceed \$6000 request from TCMHRB)			
Ohio Recovery Housing Conference (not to exceed \$500 request from TCMHRB)			
Ohio Recovery Housing Certification (not to exceed \$500 request from TCMHRB)			
TOTAL	\$	\$	\$

SECTION IV

CHECKLIST OF ATTACHMENTS

	Ohio Recovery Housing Accreditation Certificate(s) (if new applicant)
	General Liability Insurance (if new applicant)
	Accreditation or state licensing body corrective action plan (Past 2 years, if applicable)
	Ohio Recovery Housing Outcomes Dashboard of Economic and Other Outcomes for 2024
	Ohio Recovery Housing Outcomes Dashboard of Recovery Support Outcomes for 2024
	Ohio Recovery Housing Outcomes Dashboard of Special Populations Demographics for 2024
	Ohio Recovery Housing Outcomes Dashboard of Resident Demographics for 2024

OWNER CERTIFICATION/SIGNATURE

I hereby attest that this document is a true and complete reflection of our organization and the services/project(s) being proposed for funding.

Owner Name:
Owner Signature:
Date: